

PCC #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: SAME AS BILLING _____

ADDRESS: _____

SHIPPING: GROUND (FXGD) STANDARD 2 DAY (FX2D)
OVERNIGHT: PRIORITY (FX1D) 1st OVERNIGHT (FX1A)
 OTHER: _____

CLINICIAN: _____

CELL #: _____

PATIENT ID: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

MALE FEMALE
 LEFT RIGHT BILATERAL

NG ENCOUNTER #: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

HFN: PHOENIX ORLANDO KANSAS CHICAGO OTHER _____

ACTIVITY LVL. K-1 K-2 K-3 K-4

PIGMENTATION COLOR

Ottobock 2 4 6 8 10
 12 14 16 18

Kingsley: _____

Other: _____

(Select One) SS Ti AL

TYPES OF COMPONENTS

- _____ Hip Joint
- _____ Thigh
- _____ Pylon
- _____ Tube Clamp
- _____ Knee
- _____ Foot Plate
- _____ Foot/Style/Size
- _____ Heel Height

TYPES OF SOCKET

- Hip Socket Plaster Cast Preparation
- Hip Socket Plaster Cast Modification
- Hip Socket Transfer Hip Socket Check Socket
- Hip Socket Lamination Hip Socket Copoly
- Hip Socket One Shot Lamination ("Littig" type joint only)
- Hip Socket Setup Endo

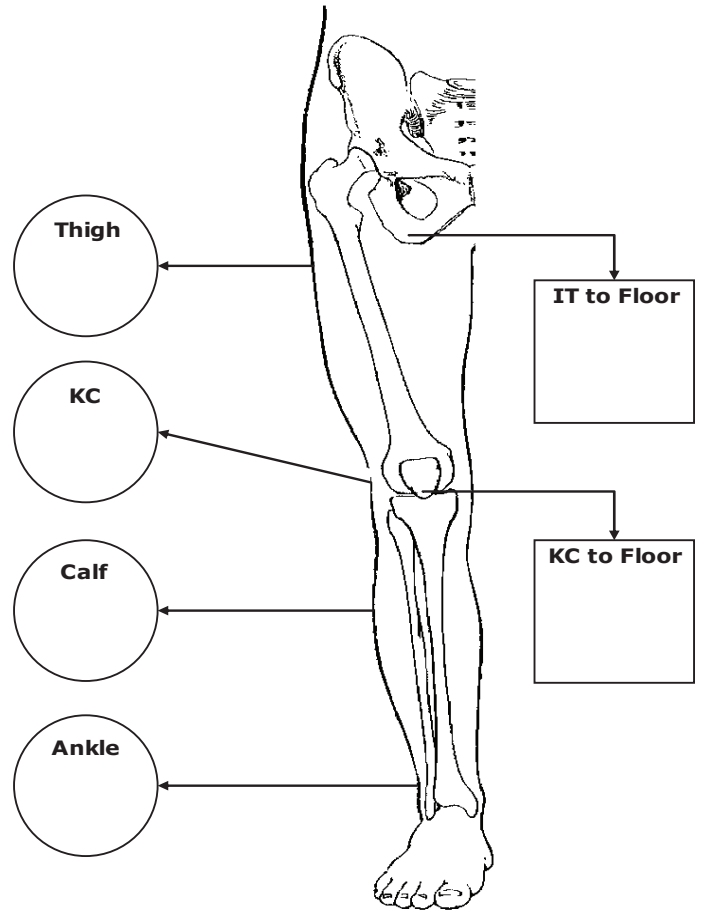
FINISH HIP ENDOSKELETAL

- Hip Finish Foam Cover Hip Finish Lamination

LINERS

- Hip Liner Thermoflex
- Hip Socket Polyethylene
- Hip Liner Pelite

Please draw alignment lines on the cast



SPECIAL INSTRUCTIONS:

TURNAROUND TIMES

To review current projected turnaround times for fabrication sites visit the [Daily HFN Capacity Webpage](#).