

Patient: _____	Phone #: _____	Terminal Device: _____
Clinician: _____	Need by: _____	Wrist Unit: _____
PCC City, State: _____	<input type="checkbox"/> Left <input type="checkbox"/> Right	Elbow unit: _____
PCC Number: _____		Shoulder: _____
OPS invoice / NG encounter: _____		Lamination/Glove color: _____

<p style="text-align: center;">Inner Socket</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • Flexible socket <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Laminated (4 Nyglass & Dacron inner) & removable <input type="checkbox"/> Custom silicone socket 	<p style="text-align: center;">Socket Lamination</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at shoulder jt. • 2 finishing layers • Corrugated <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final
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<p style="text-align: center;">Forearm Lamination</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • Forearm provided by manufacturer <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Laminated, 6 layers Nyglass <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Custom lamination over forearm supplied by vendor <input type="checkbox"/> Printed material as final 	<p style="text-align: center;">Humeral Lamination</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at humeral turntable • 2 finishing layers • Battery box/charge port <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final <input type="checkbox"/> Oval hole in posterior for E-Series elbows <input type="checkbox"/> Battery located in forearm
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<p style="text-align: center;">Shoulder Alignment</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • As marked on socket or follow test socket <p><u>OPTIONS</u></p> <p>Move Shoulder:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Flex or <input type="checkbox"/> Ext _____ ° <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____ ° <input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/>" <input type="checkbox"/> Medial or <input type="checkbox"/> Lateral by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/>" <input type="checkbox"/> Internal or <input type="checkbox"/> External rotate _____ ° 	<p style="text-align: center;">Harness*</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • Chest strap (clinician to provide fabrication instructions) <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fig 8 with large NW ring <input type="checkbox"/> Change size of NW ring: _____ <input type="checkbox"/> Dual NW ring <input type="checkbox"/> BAHA <input type="checkbox"/> Silicone axilla (Hosmer) <input type="checkbox"/> TRS neoprene on axilla loop <input type="checkbox"/> Plastic covering on axilla loop <input type="checkbox"/> No harness requested <input type="checkbox"/> Add Fig 9 for control
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<p style="text-align: center;">Cabling*</p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> • Spectra with Teflon • Hanger attached • TRS ferrule in housing • Plastic covering over housing • Leather lift assist or directly to forearm (OB) <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Hosmer metal ferrule <input type="checkbox"/> HD Steel cable <input type="checkbox"/> Standard cable w/Teflon <input type="checkbox"/> Standard cable w/o Teflon <input type="checkbox"/> No covering over housing <input type="checkbox"/> Hanger NOT attached <input type="checkbox"/> No cabling requested <input type="checkbox"/> Change lift assist to: _____ 	<p style="text-align: center;">Elbow</p> <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Lamination over elbow ball to match forearm <input type="checkbox"/> Lift assist for E Series <input type="checkbox"/> AFB for non-Ergo arm <p><i>*Detail Harness & Cabling needs and operation of device in notes section, page 2.</i></p>
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