

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

<p style="text-align: center;"><b><u>Socket</u></b></p> <p><b><u>STANDARD</u></b></p> <ul style="list-style-type: none"> <li>• Flexible socket</li> <li>• Valve at distal end</li> </ul> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laminated (4 Nyglass &amp; Dacron inner) &amp; removable</li> <li><input type="checkbox"/> Lamination as part of humeral section</li> <li><input type="checkbox"/> Custom silicone socket</li> <li><input type="checkbox"/> Lamination over socket</li> <li><input type="checkbox"/> No valve</li> <li><input type="checkbox"/> Pull tube</li> </ul>	<p style="text-align: center;"><b><u>Humeral Lamination</u></b></p> <p><b><u>STANDARD</u></b></p> <ul style="list-style-type: none"> <li>• Laminated, 6 layers Nyglass</li> <li>• Carbon tape at humeral turntable</li> <li>• 2 finishing layers</li> </ul> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)</li> <li><input type="checkbox"/> Carbon tape throughout</li> <li><input type="checkbox"/> Printed material as final</li> <li><input type="checkbox"/> Oval hole in posterior for E-Series elbows</li> </ul>
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<p style="text-align: center;"><b><u>Forearm Lamination</u></b></p> <p><b><u>STANDARD</u></b></p> <ul style="list-style-type: none"> <li>• Forearm provided by manufacturer</li> </ul> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laminated, 6 layers Nyglass</li> <li><input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)</li> <li><input type="checkbox"/> Carbon tape throughout</li> <li><input type="checkbox"/> Custom lamination over forearm supplied by vendor</li> <li><input type="checkbox"/> Printed material as final</li> </ul>	<p style="text-align: center;"><b><u>Alignment</u></b></p> <p><b><u>STANDARD</u></b></p> <ul style="list-style-type: none"> <li>• As marked on socket or follow test socket</li> <li>• If not marked or no test socket, then elbow at perpendicular to socket</li> </ul> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elbow <input type="checkbox"/> Flex or <input type="checkbox"/> Ext at _____°</li> <li><input type="checkbox"/> Elbow <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____°</li> <li><input type="checkbox"/> Move elbow <input type="checkbox"/> anterior or <input type="checkbox"/> posterior _____ <input type="checkbox"/>mm/ <input type="checkbox"/>"</li> <li><input type="checkbox"/> Move elbow <input type="checkbox"/> medial or <input type="checkbox"/> lateral _____ <input type="checkbox"/>mm/ <input type="checkbox"/>"</li> </ul>
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<p style="text-align: center;"><b><u>Cabling</u></b></p> <p><b><u>STANDARD</u></b></p> <ul style="list-style-type: none"> <li>• Spectra with Teflon</li> <li>• Ball terminal &amp; hanger attached</li> <li>• TRS ferrule in housing</li> <li>• Plastic covering over housing</li> <li>• Leather lift assist</li> </ul> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Hosmer metal ferrule</li> <li><input type="checkbox"/> HD Steel cable</li> <li><input type="checkbox"/> Standard cable w/Teflon</li> <li><input type="checkbox"/> Standard cable w/o Teflon</li> <li><input type="checkbox"/> Hook to hand cable</li> <li><input type="checkbox"/> No covering over housing</li> <li><input type="checkbox"/> Hanger NOT attached</li> <li><input type="checkbox"/> No cabling requested</li> <li><input type="checkbox"/> Change lift assist to: _____</li> </ul>	<p style="text-align: center;"><b><u>Harness</u></b></p> <p><b><u>STANDARD</u></b></p> <ul style="list-style-type: none"> <li>• Fig 8 with Large NW ring</li> <li>• Four-Bar buckles</li> <li>• Anterior elastic strap and ½" Dacron for elbow lock</li> <li>• Lateral support anterior to acromion</li> </ul> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dual NW ring</li> <li><input type="checkbox"/> BAHA</li> <li><input type="checkbox"/> Silicone axilla (Hosmer)</li> <li><input type="checkbox"/> Change size of NW ring: _____</li> <li><input type="checkbox"/> Chest strap (clinician to provide fabrication instructions)</li> <li><input type="checkbox"/> TRS neoprene on axilla loop</li> <li><input type="checkbox"/> Plastic covering on axilla loop</li> <li><input type="checkbox"/> No harness requested</li> </ul>
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<p style="text-align: center;"><b><u>Elbow</u></b></p> <p><b><u>OPTIONS</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lamination over elbow ball to match forearm</li> <li><input type="checkbox"/> Lift assist for E Series</li> <li><input type="checkbox"/> AFB for non-Ergo arm</li> </ul>	<p><b>Detail any other changes from the Standards listed above:</b></p> <hr/> <hr/> <hr/> <hr/>
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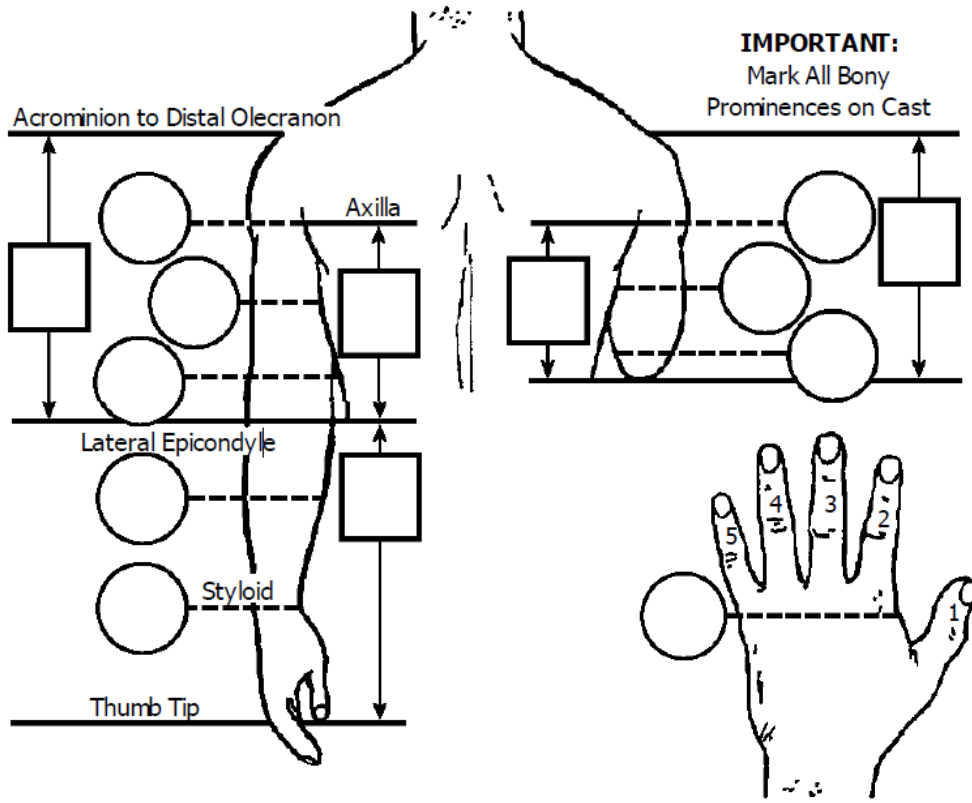
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Please complete all necessary measurements:



Additional Notes:

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