

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;"><u>Inner Socket</u></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;"><u>Socket Lamination</u></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;"><u>Forearm Lamination</u></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;"><u>Humeral Lamination</u></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"/> Battery located in forearm
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<p style="text-align: center;"><u>Shoulder Alignment</u></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;"><u>Harness</u></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
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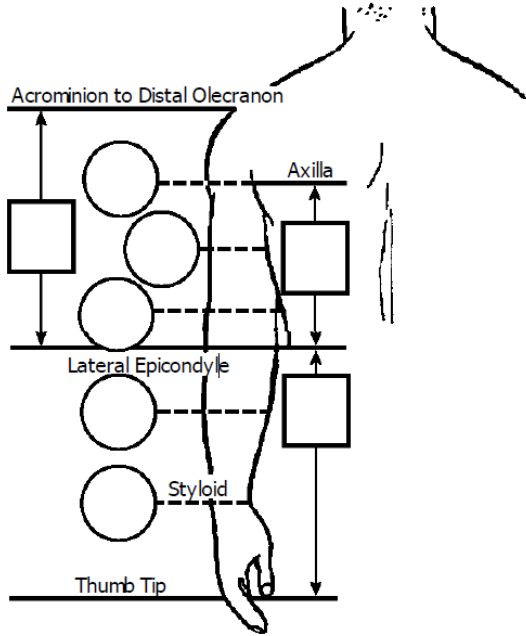
Electronics

Control system: Otto Bock Motion Control Steeper Touch Bionics COAPT LTI Other: _____

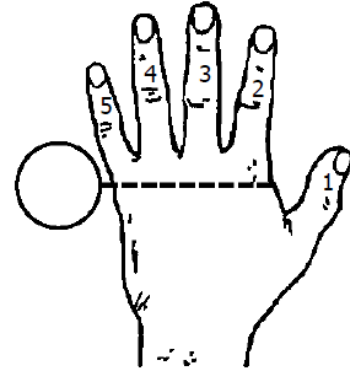
<input type="checkbox"/> Dual Site <input type="checkbox"/> Single Site <input type="checkbox"/> Electrodes <input type="checkbox"/> OB <input type="checkbox"/> Steeper <input type="checkbox"/> Touch <input type="checkbox"/> Other <input type="checkbox"/> Motion Control <input type="checkbox"/> Standard <input type="checkbox"/> Silicone Apron	<input type="checkbox"/> Rotator: <input type="checkbox"/> OB <input type="checkbox"/> Motion Control <input type="checkbox"/> Switch/Linear Pot (detail below): _____ _____ _____
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Specialty Fabrications Centers

Please complete all necessary measurements:



IMPORTANT:
 Mark All Bony
 Prominences on Cast



Additional Notes:

****NOTE TO CLINICIAN:** It is strongly advised that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.

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ANAHEIM
 (714) 961-2155

ORLANDO
 (407) 852-6170

HOUSTON
 (832) 214-1483