

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

<p style="text-align: center;"><b>Inner Socket</b></p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> <li>• Flexible socket</li> </ul> <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Laminated (4 Nyglass &amp; Dacron inner) &amp; removable</li> <li><input type="checkbox"/> Custom silicone socket</li> </ul>	<p style="text-align: center;"><b>Socket Lamination</b></p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> <li>• Laminated, 6 layers Nyglass</li> <li>• Carbon tape at shoulder jt.</li> <li>• 2 finishing layers</li> <li>• Corrugated</li> </ul> <p><u>OPTIONS</u></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> </ul>
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<p style="text-align: center;"><b>Forearm Lamination</b></p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> <li>• Forearm provided by manufacturer</li> </ul> <p><u>OPTIONS</u></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>Humeral Lamination</b></p> <p><u>STANDARD</u></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> <li>• Battery box/charge port</li> </ul> <p><u>OPTIONS</u></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> <li><input type="checkbox"/> Battery located in forearm</li> </ul>
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<p style="text-align: center;"><b>Shoulder Alignment</b></p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> <li>• As marked on socket or follow test socket</li> </ul> <p><u>OPTIONS</u></p> <p>Move Shoulder:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Flex or <input type="checkbox"/> Ext _____ °</li> <li><input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____ °</li> <li><input type="checkbox"/> Anterior or <input type="checkbox"/> Posterior by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/>"</li> <li><input type="checkbox"/> Medial or <input type="checkbox"/> Lateral by: _____ <input type="checkbox"/> mm/ <input type="checkbox"/>"</li> <li><input type="checkbox"/> Internal or <input type="checkbox"/> External rotate _____ °</li> </ul>	<p style="text-align: center;"><b>Harness*</b></p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> <li>• Chest strap (clinician to provide fabrication instructions)</li> </ul> <p><u>OPTIONS</u></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fig 8 with large NW ring</li> <li><input type="checkbox"/> Change size of NW ring: _____</li> <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"/> TRS neoprene on axilla loop</li> <li><input type="checkbox"/> Plastic covering on axilla loop</li> <li><input type="checkbox"/> No harness requested</li> <li><input type="checkbox"/> Add Fig 9 for elbow control</li> </ul>
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<p style="text-align: center;"><b>Cabling*</b></p> <p><u>STANDARD</u></p> <ul style="list-style-type: none"> <li>• Spectra with Teflon</li> <li>• Hanger attached</li> <li>• TRS ferrule in housing</li> <li>• Plastic covering over housing</li> <li>• Leather lift assist or directly to forearm (OB)</li> </ul> <p><u>OPTIONS</u></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"/> 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>Elbow</b></p> <p><u>OPTIONS</u></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><i>*Detail Harness &amp; Cabling needs and operation of device in notes section, page 2.</i></p>
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**Specialty Fabrications Centers**

**ANAHEIM**  
(714) 961-2155

**ORLANDO**  
(407) 852-6170

**HOUSTON**  
(832) 214-1483

**Electronics**

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

Dual Site  Single Site

Electrodes

OB

Touch

Motion Control

Standard  Silicone Apron

Switch/Linear Pot (detail below):

Steeper

Other

Rotator:  OB  Motion Control

Int Battery  Ext Battery

LTI

OB

Touch

Motion Control

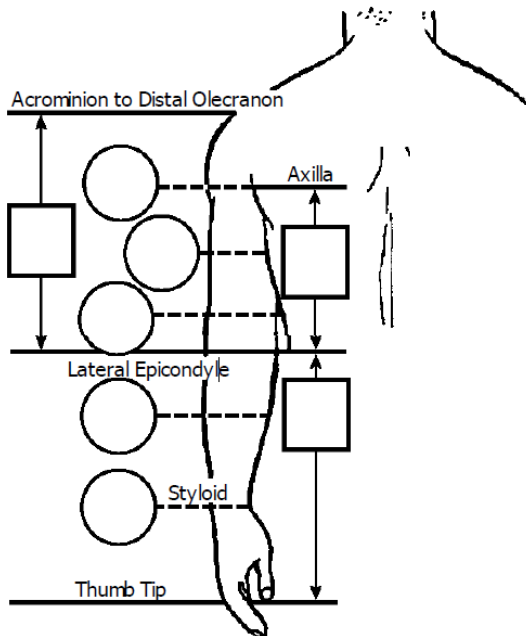
IBT

Steeper

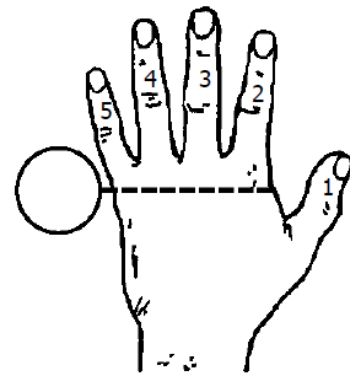
Other

Capacity:  Std  Small  Large

**Please complete all necessary measurements:**



**IMPORTANT:**  
Mark All Bony  
Prominences on Cast



**Additional Notes:**

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**\*\*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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