

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

<p><u>Socket</u></p> <p>STANDARD</p> <ul style="list-style-type: none"> • Flexible socket • Valve at distal end <p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Laminated (4 Nyglass & Dacron inner) & removable <input type="checkbox"/> Custom silicone socket <input type="checkbox"/> Lamination over socket <input type="checkbox"/> No valve <input type="checkbox"/> Pull tube 	<p><u>Humeral Lamination</u></p> <p>STANDARD</p> <ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at humeral turntable • 2 finishing layers • Battery box/charge port <p>OPTIONS</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><u>Forearm Lamination</u></p> <p>STANDARD</p> <ul style="list-style-type: none"> • Forearm provided by manufacturer <p>OPTIONS</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><u>Alignment</u></p> <p>STANDARD</p> <ul style="list-style-type: none"> • As marked on socket or follow test socket • If not marked or no test socket, then elbow at perpendicular to socket <p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Elbow <input type="checkbox"/> Flex or <input type="checkbox"/> Ext at _____° <input type="checkbox"/> Elbow <input type="checkbox"/> AB or <input type="checkbox"/> AD duct _____° <input type="checkbox"/> Move elbow <input type="checkbox"/> anterior or <input type="checkbox"/> posterior _____ <input type="checkbox"/> mm/ <input type="checkbox"/>" <input type="checkbox"/> Move elbow <input type="checkbox"/> medial or <input type="checkbox"/> lateral _____ <input type="checkbox"/> mm/ <input type="checkbox"/>"
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<p><u>Cabling</u></p> <p>STANDARD</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>OPTIONS</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><u>Harness</u></p> <p>STANDARD</p> <ul style="list-style-type: none"> • Fig 8 with Large NW ring • Four-Bar buckles • Anterior elastic strap and ½" Dacron for elbow lock • Lateral support anterior to acromion <p>OPTIONS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Dual NW ring <input type="checkbox"/> BAHA <input type="checkbox"/> Silicone axilla (Hosmer) <input type="checkbox"/> Change size of NW ring: _____ <input type="checkbox"/> Chest strap (clinician to provide fabrication instructions) <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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<p><u>Elbow</u></p> <p>OPTIONS</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>Detail any other changes from the Standards listed above:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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Specialty Fabrications Centers

ANAHEIM
(714) 961-2155

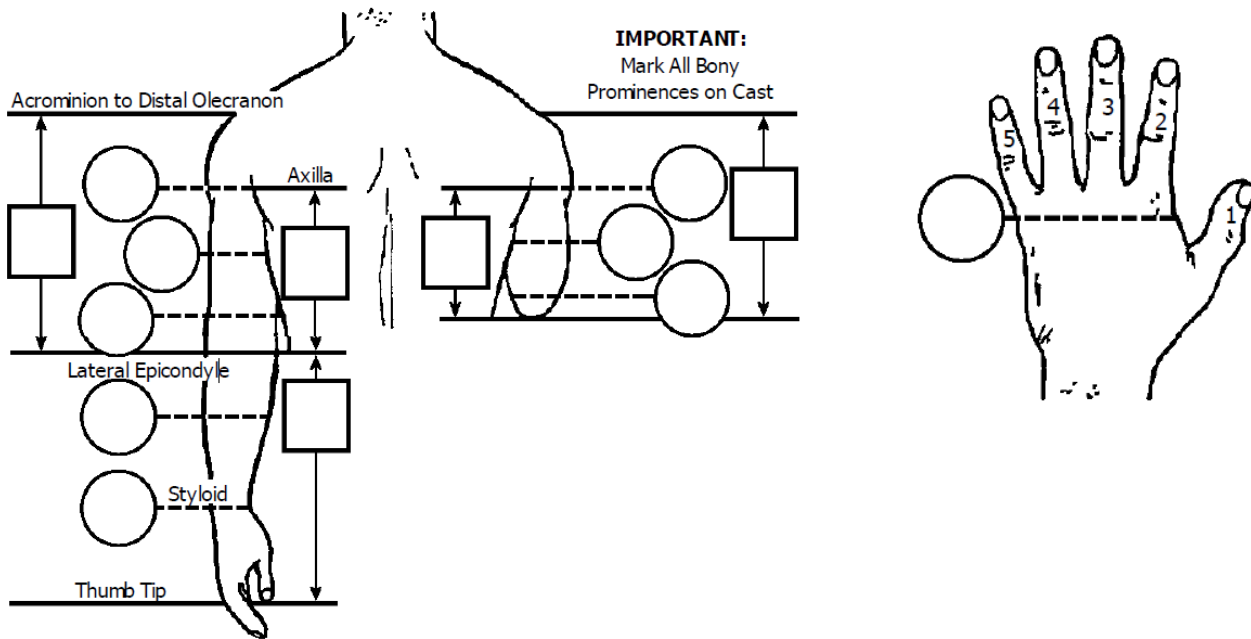
ORLANDO
(407) 852-6170

HOUSTON
(832) 214-1483

Electronics

- Control system: Otto Bock Motion Control Steeper Touch Bionics COAPT LTI Other: _____
- Dual Site Single Site Rotator: OB Motion Control
- Electrodes Int Battery Ext Battery
- OB Steeper LTI Motion Control Other
- Touch Other OB IBT
- Motion Control Touch Steeper
- Standard Silicone Apron
- Switch/Linear Pot (detail below) Capacity: Std Small Large

Please complete all necessary measurements:



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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Upper Limb Fab Order Form

Transhumeral Hybrid

Work Order # _____

Date Received: _____

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