



**PARTIAL HAND
SILICONE INTERFACING**
HFN CROMWELL ONLY

WORK ORDER #:
(LAB USE ONLY)

PCC #: _____

BILL TO: _____

ADDRESS: _____

SHIP TO: _____

ADDRESS: _____

SAME AS BILLING

SHIPPING METHODS: GROUND 2 DAY EXPRESS AM PM
OVERNIGHT: STANDARD PRIORITY 1st OVERNIGHT

CLINICIAN: _____

CELL #: _____

PATIENT ID: _____

HEIGHT: _____ **WEIGHT:** _____ **AGE:** _____

MALE FEMALE

LEFT RIGHT BILATERAL

OPS INVOICE/NG ENCOUNTER: _____

MEASUREMENT DATE: _____

IN-OFFICE REQUEST DATE & TIME: _____

PROJECT NEWTON (Credit applied on prior auth. denial, details on One Hanger)

DESIGN INPUT REQUIREMENTS

BODY DOUBLE OR P386 (GRAY) IMPRESSION MATERIAL WRIST AND HAND IN NEUTRAL

MOLD FROM THE DISTAL TIP OF FINGERS TO THE CUBITAL FOLD ROM VIDEO PHOTOS

OPTIONS HIGH ACTIVITY YES (CONSULTATION REQUIRED) CONTACT: HFN_PARTIALHAND@HANGER.COM

PRE-PRINT DESIGN CONSULTATION (RECOMMENDED) YES NO

DESIGN OPTIONS

M FINGERS LEFT RIGHT BILATERAL

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

TITAN FINGERS LEFT RIGHT BILATERAL

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

POINT DESIGN LEFT RIGHT

PRTL 2/IDX 3/MID 4/RG 5/PKY

DGT 2/IDX 3/MID 4/RG 5/PKY

STATIC BIO-IDENTICAL LEFT RIGHT

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

SHIP PROJECT & DETAILS TO:

HANGER FABRICATION NETWORK
ATTN: SILICONE INTERFACING DIVISION
10-E COUNTY LINE DRIVE
CROMWELL, CT 06416

SILICONE ONLY LEFT RIGHT BILATERAL

FINGER EXTENSION HEIGHT _____

FULL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

PRTL DIGIT(S): 2/IDX 3/MID 4/RG 5/PKY

THUMB

WRIST DISARTICULATION TRANS RADIAL

TRANS HUMERAL SHOULDER DIS.

SILICONE SOCKET LEFT RIGHT BILATERAL

VALVE TYPE: NO VALVE AK LYN VALVE

PEE WEE LYN VALVE OTHER _____

PULL TUBE

FINISH OPTIONS

SILICONE COLORS

BLACK SKIN TONE - CALL FOR OPTIONS

3D FRAME PAINT COLORS MATTE GLOSS

BLACK WHITE HANGER ORANGE

SILVER COCA-COLA RED METALLIC PURPLE

OTTOBOCK 4 SKIN TONE OTTOBOCK 11 SKIN TONE

**ADDITIONAL PROJECT DETAILS
CAN BE PROVIDED ON PAGE 2**

CONTACT INFORMATION:

PH 860.667.5376 | EMAIL: HFN_PartialHand@Hanger.com

**TURNAROUND
TIME:**

PLEASE NOTE: Targeted turnaround times may vary by lab location, project complexity and order volume. Pre-scheduling time sensitive projects helps us prioritize meeting your project requests.

