



Order Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ PO#: \_\_\_\_\_

### BILLING INFORMATION

Facility: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SHIPPING INFORMATION

Same as Billing

Facility: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SHIPPING INSTRUCTIONS

Next Day Air    2nd Day Air    3rd Day Air    Ground    Local / Hand Delivery

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Male    Female   Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_    LT    RT    BIL

Diagnosis: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FABRICATION INSTRUCTIONS

#### TYPE OF PROSTHESIS

- Symes
- Below-the-Knee
- Knee Disartic
- Above-the-Knee

#### TYPE OF SOCKET

- Test Socket
- Definitive Socket

#### TYPE OF SUSPENSION

- SupraCondylar
- Pin System
- Suction
- Vacuum
- Lanyard
- Other \_\_\_\_\_

#### FLEXIBLE INNER (Thickness) \_\_\_\_\_

- Orfitrans Clear
- Proflex w/Silicone
- Pelite
- None

#### SOCKET MATERIALS

- 1/8 PETG
- Carbon
- Fiberglass

#### COLOR/FINISH

- Black Carbon
- Fabric \_\_\_\_\_ Sent w/Cast  Y  N
- Skin Tone # \_\_\_\_\_ (OttoBock)

#### CONTRACTURE

- Knee \_\_\_\_\_
- Hip \_\_\_\_\_

#### ALIGNMENT

- Transfer Alignment
- Bench Alignment
- Parts Sent w/Cast    Y  N
- Parts Ordered \_\_\_\_\_

**\*\*WE WILL NOT ACCEPT JOBS WITHOUT PATIENT'S WEIGHT OR HEIGHT ON THE FORM.**

LAB USE ONLY	
Intake Date	_____
Tracking Number	_____
Modified Date	_____
Technician	_____
Shipped Date	_____