

Fabrication Order

Date: / / Completion Date Request: / /

Clinician:

Optional contact:

PO#:

Bill to:

Phone: Cell: ()

email:

Ship to:

Phone: () Cell: ()

email:

Patient Last Name ONLY: _____

Age: _____ Ht: _____ Wt: _____

Female Male Left Right

Skin: Asian Black Latin Caucasian

Level: Wrst Disartic Transradial
 Elb Disartic Transhumeral

Use scale: (check anticipated use of prosthesis)

1 2 3 4 5 6 7 8 9 10

Light Duty Medium Heavy Duty

COMPONENTS SENT WITH THIS PACKAGE

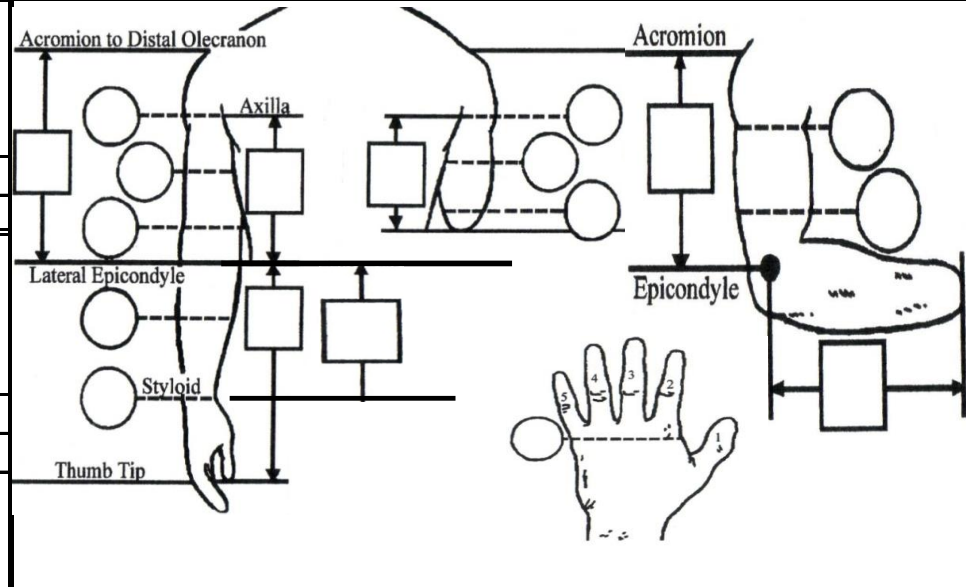
Qty

Modified plaster cast or negative of mod. cast * required *

Notes:



3454 Grant Ave.
 Grove City, Ohio 43123-2515
 614 . 782 . 2361
 info@NWProsthetics.com



Socket/Interface:

Material

- Bioelastic/Proflex
- Proflex w/ Silicone
- Laminate
- Silicone:

Component

- Pull Tube Size: 16____
21____
- Pee Wee Valve
- Other:

Additional notes

Frame:

- Laminate
- Carbon Fiber
- Diagnostic
- Other

Note: Our standard turnaround is 14 days, not including holidays.
