SPLINTFAB



PROSTHETIC WORK ORDER

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ORDER INFORMATION

FACILITY

PRACTITIONER

ORDER DATE / NEED BY DATE /

PATIENT INFORMATION

PATIENT NAME

HEIGHT / WEIGHT /

AGE

ACTIVITY LEVEL

LOWER EXTREMITY

- ◯ AK
- ◯ BK
- ◯ Symes
- ◯ Hip Disarticulation
- ◯ Other
- ◯ Right
- ◯ Left
- ◯ Bilateral

UPPER EXTREMITY

- ◯ Above Elbow
- ◯ Below Elbow
- ◯ Shoulder Disarticulation
- ◯ Right
- ◯ Left
- ◯ Bilateral

CHECK ALL THAT APPLY

- ◯ Check Socket
- ◯ Lamination
- ◯ Inner Flexible
- ◯ Foam Cover Cosmetic
- ◯ Pelite or Bocklite Liner
- ◯ Plastazote Distal End Pad
- ◯ Protective Sleeve Cover

MEASUREMENTS

KNEE MEASURE

CALF MEASURE

ANKLE MEASURE

CONTACT INFORMATION

PHONE #

EMAIL

SHIP TO ADDRESS

DELIVERY METHOD

◯ Pick Up ◯ Drop Off ◯ Shipping

SHIPPING DATE

TRACKING #

◯ **Expedite Order**

COLOR OR FINISH

- ◯ Flesh Tone
- ◯ Carbon Fiber
- ◯ Custom Fabric
- ◯ Fiberglass
- ◯ Other

SUSPENSION

- ◯ Lanyard
- ◯ Pinlock
- ◯ Valve
- ◯ Other

FABRICATION INSTRUCTIONS

Every patient is unique with different needs. Please highlight trim lines and valve locations on plaster molds. Thank you.