

SPLINTFAB



PROSTHETIC WORK ORDER

602-295-3828

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Marc@Splintfab.com

ORDER INFORMATION

FACILITY

PRACTITIONER

ORDER DATE / NEED BY DATE /

CONTACT INFORMATION

PHONE #

EMAIL

SHIP TO ADDRESS

PATIENT INFORMATION

PATIENT NAME

HEIGHT / WEIGHT /

AGE

ACTIVITY LEVEL

DELIVERY METHOD



Pick Up



Drop Off



Shipping

Shipping Date:

Expedite Order

Shipping Tracking #:

LOWER EXTREMITY

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

UPPER EXTREMITY

- Above Elbow Right
- Below Elbow Left
- Shoulder Dis. Bilateral

CHECK ALL THAT APPLY

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

COLOR OR FINISH

- Flesh Tone
- Carbon Fiber
- Custom Fabric
- Fiberglass
- Other
- Lanyard
- Pinlock
- Valve
- Other

KNEE MEASURE

CALF MEASURE

ANKLE MEASURE

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

FABRICATION INSTRUCTIONS