



CLINICIAN

Name*: _____
 Phone: _____ Text: Y N
 Email*: _____
 PO#: _____

COMPANY

Name: _____
 Phone: _____
 Address*: _____

Today's Date: _____

Desired Delivery Date: _____

PATIENT INFO

Name*: _____ Amputation Level: _____ Affected L R
 Activity Level: _____ Approximate Weight: _____ lbs Side: B

Measure sound side from acromion to lateral epicondyle _____ cm and mark patient, plaster model, or socket at 3 in or 7cm mark.

Measure lateral epicondyle to tip of thumb _____ cm.

Select and answer all that apply

DEVICE TYPE

- Passive
- Activity Specific
Task _____
- Body-Powered
- Myoelectric
- Hybrid
- Liner Only

DEVICE VERSION

- Diagnostic/Test
- Definitive
- Repair

CONSTRUCTION

- Light Duty
- Medium Duty
- Heavy Duty

LINER

- Custom Rolled Silicone
Pigment: _____
- Proflex with Silicone, White
- Optech Comfort, Cloudy
- Northvane, Black
- None

SUSPENSION

- Lock _____
- Valve _____
- Figure 8 Harness
- Figure 9 Harness
- Shoulder Saddle
- Zipper
- Pull Hole
- Ratchet Lace Kit
- Ratchet Lanyard Kit
- Custom Straps
- Other _____
- None



FRAME MATERIAL

- Carbon Fiber Re-enforced
- NSP Re-enforced
- Vivak, Clear Durrplex
- Other _____
- None

COSMETIC FINISH

- Woven Braid Color _____
- Solid Color _____
- Custom Print _____
- Matte
- Gloss

SHIP US YOUR PERSCRIBED COMPONENTS IF ASSEMBLY IS DESIRED

- | | |
|----------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Digits _____ | <input type="checkbox"/> Batteries _____ |
| <input type="checkbox"/> Wrist Unit _____ | <input type="checkbox"/> Electrodes _____ |
| <input type="checkbox"/> Wrist Rotator _____ | <input type="checkbox"/> Switches/Buttons _____ |
| <input type="checkbox"/> Elbow _____ | <input type="checkbox"/> Controller _____ |
| <input type="checkbox"/> Shoulder _____ | |

❖ Please mark model with all trimlines, sensitive areas, alignments and mounting points.

NOTES / SKETCH / REQUESTS



INTERNAL USE

- | | |
|-----------------------------|------------------------|
| Submission Date: _____ | Fabricator: _____ |
| Est. Completion Date: _____ | Completion Date: _____ |
| Dispatch Date: _____ | E. T. A.: _____ |