

Partial Foot & PFFD Prosthetic Worksheet

Please print .

PO Number _____

Due Date: _____ Phone Number: _____

Facility: _____ Practitioner: _____

Shipping Address: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____ Leg: Left Right Bilateral MPT to Floor _____

<p align="center">Alignment</p> <input type="checkbox"/> Save alignment to jig <input type="checkbox"/> Bench alignment <input type="checkbox"/> Other _____	<p align="center">Socket</p> <input type="checkbox"/> Test Socket <input type="checkbox"/> Definitive Socket: Endo Exo	<p align="center">Mold Modification</p> <input type="checkbox"/> Increase Ply _____ <input type="checkbox"/> Decrease Ply _____ <input type="checkbox"/> Special Instructions (see below)	<p align="center">Distal End Pad Yes No</p> <input type="checkbox"/> Platazote <input type="checkbox"/> Custom Silicone <input type="checkbox"/> PPT <input type="checkbox"/> Other _____ Thickness of Pad _____
<p align="center">Suspension</p> <input type="checkbox"/> Valve : Type _____ <input type="checkbox"/> Sleeve <input type="checkbox"/> Strap <input type="checkbox"/> Expandable Wall <input type="checkbox"/> Other _____	<p align="center">Frame</p> <input type="checkbox"/> PP <input type="checkbox"/> Carbon Fiber <input type="checkbox"/> Fiberglass with Carbon <input type="checkbox"/> Slick Socket with Carbon <input type="checkbox"/> Slick Socket with Fiberglass and Carbon	<p align="center">Inner Socket Yes No</p> <input type="checkbox"/> Polyethylene <input type="checkbox"/> PP <input type="checkbox"/> Proflex <input type="checkbox"/> Proflex Silicone <input type="checkbox"/> Pelite <input type="checkbox"/> Pelite Leather Lined <input type="checkbox"/> Keasly Cone <input type="checkbox"/> Leather Lined Boot <input type="checkbox"/> Other _____ <input type="checkbox"/> Finished Thickness of Inner Liner _____	
<p align="center">Trim Lines and Setup</p> CB&L's standard trim lines are: 1 1/2" above MPT, sides 3" above MPT back wall equals MPT shaped in W and inner socket 1/2" above frame		<p align="center">Finish of the Frame</p> <input type="checkbox"/> Carbon <input type="checkbox"/> Color PRS# _____ <input type="checkbox"/> Shirt/Fabric <input type="checkbox"/> 3D Print Transfer	
<p>Other: _____ _____ _____</p>		<p align="center">Socket Attachments</p> <input type="checkbox"/> 4 Hole <input type="checkbox"/> Laminated Pyramid (Prong design) <input type="checkbox"/> Other _____	

Please Send Cast With All Areas Marked: Window/Door and Any Sensitive Areas

CUSTOM BRACE AND LIMB WILL CALL TO GET MORE DETAILED INSTRUCTIONS

Additional Instructions _____

<input type="checkbox"/> No Parts	<p align="center">CB&L House Parts</p> <input type="checkbox"/> Gen 3 Bulldog lock <input type="checkbox"/> Bdg63 Bulldog ball bearing lock <input type="checkbox"/> Stainless steel pyramid <input type="checkbox"/> Stainless steel tube clamp <input type="checkbox"/> Bk Lyn valve <input type="checkbox"/> OWW four hole grey plate <input type="checkbox"/> Aluminum pylon 12 inch <input type="checkbox"/> Esp distal end valve <input type="checkbox"/> Four prong pyramid (male) <input type="checkbox"/> Four prong pyramid (female)	<p align="center">Parts Supplied by Facility</p> <input type="checkbox"/> Lock <input type="checkbox"/> Socket attachment <input type="checkbox"/> Pylon <input type="checkbox"/> Tube clamps _____ how many <input type="checkbox"/> Valve <input type="checkbox"/> T-shirt or design material <input type="checkbox"/> Other _____ _____ _____
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For Office Only: Date Received _____ Tech Start _____ Tech Finished _____