

Cover and Skin Prosthetic Worksheet

Please print .

PO Number _____

Due Date: _____ Phone Number: _____

Facility: _____ Practitioner: _____

Shipping Address: _____

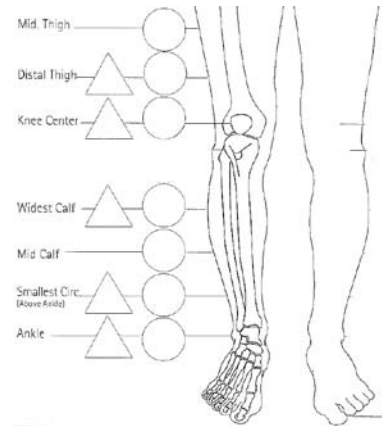
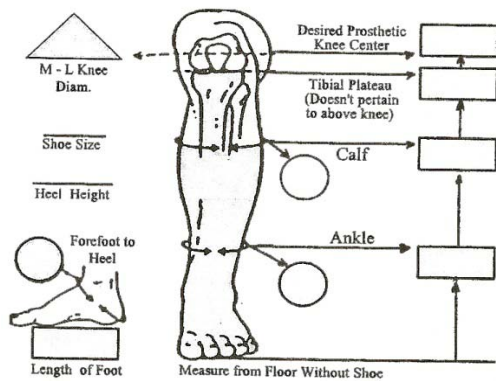
Age: _____ Sex: _____ Ht: _____ Wt: _____ Leg: Left Right Bilateral MPT to Floor _____

Bk Cover and Skin

<p>Foam</p> <input type="checkbox"/> Firm <input type="checkbox"/> Medium <input type="checkbox"/> Other _____	<p>Skin</p> <input type="checkbox"/> Fillauer Dream skin _____ # <input type="checkbox"/> PRS _____ # <input type="checkbox"/> Stocking _____ color <input type="checkbox"/> Custom spray PRS _____ # <input type="checkbox"/> Leather _____ color <input type="checkbox"/> Other _____
<p>Length</p> <input type="checkbox"/> Full <input type="checkbox"/> Ankle <input type="checkbox"/> Other _____	<p>Finished edge</p> <input type="checkbox"/> Daw trim <input type="checkbox"/> Plastic piping <input type="checkbox"/> No trim <input type="checkbox"/> Other _____

Ak Cover and Skin

<p>Foam</p> <input type="checkbox"/> Two piece firm <input type="checkbox"/> Soft pre-shaped <input type="checkbox"/> Other _____	<p>Skin</p> <input type="checkbox"/> PRS _____ # <input type="checkbox"/> Stocking _____ color <input type="checkbox"/> Leather _____ color <input type="checkbox"/> Other _____
<p>Length</p> <input type="checkbox"/> Full <input type="checkbox"/> Knee <input type="checkbox"/> Other _____	<p>Finished edge</p> <input type="checkbox"/> Daw trim <input type="checkbox"/> Plastic piping <input type="checkbox"/> No trim <input type="checkbox"/> Other _____



Additional Instructions _____

CB&L Parts
<input type="checkbox"/> Foam <input type="checkbox"/> Skin <input type="checkbox"/> Trim

Facility Supplied
<input type="checkbox"/> Foam <input type="checkbox"/> Skin <input type="checkbox"/> Trim