

# Symes/Chopart 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"><b>Alignment</b></p> <input type="checkbox"/> Save alignment to jig<br><input type="checkbox"/> Bench alignment<br><input type="checkbox"/> Other _____  | <p align="center"><b>Socket</b></p> <input type="checkbox"/> Test Socket<br><input type="checkbox"/> Definitive Socket: Endo    Exo  | <p align="center"><b>Mold Modification</b></p> <input type="checkbox"/> PTB<br><input type="checkbox"/> Increase Ply _____<br><input type="checkbox"/> Decrease Ply _____<br><input type="checkbox"/> Special Instructions (see below)   | <p align="center"><b>Distal End Pad</b>    Yes    No</p> <input type="checkbox"/> Platazote<br><input type="checkbox"/> Custom Silicone<br><input type="checkbox"/> Other _____<br>Thickness of Pad _____ |
| <p align="center"><b>Suspension</b></p> <input type="checkbox"/> Valve : Type _____<br><input type="checkbox"/> Sleeve<br><input type="checkbox"/> Strap<br><input type="checkbox"/> Expandable Wall<br><input type="checkbox"/> Window/Door<br><input type="checkbox"/> Other _____ | <p align="center"><b>Frame</b></p> <input type="checkbox"/> Carbon Fiber<br><input type="checkbox"/> Fiberglass with Carbon<br><input type="checkbox"/> Slick Socket with Carbon<br><input type="checkbox"/> Slick Socket with Fiberglass and Carbon | <p align="center"><b>Inner Socket</b>    Yes    No</p> <input type="checkbox"/> Polyethelene<br><input type="checkbox"/> Proflex <input type="checkbox"/> Proflex Silicone<br><input type="checkbox"/> Pelite <input type="checkbox"/> Pelite Leather Lined<br><input type="checkbox"/> Keasy Cone<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Finished Thickness of Inner Liner _____ |   |
| <p align="center"><b>Trim Lines and Setup</b></p> CB&L's standard trim lines are:<br>1 ½" above MPT, sides 3" above MPT<br>back wall equals MPT shaped in W and<br>inner socket ½" above frame   |  | <p align="center"><b>Finish of the Frame</b></p> <input type="checkbox"/> Carbon<br><input type="checkbox"/> Color PRS# _____<br><input type="checkbox"/> Shirt/Fabric<br><input type="checkbox"/> 3D Print Transfer   |   |
| Other: _____<br>_____<br>_____   |  | <p align="center"><b>Socket Attachments</b></p> <input type="checkbox"/> 4 Hole <input type="checkbox"/> Laminated Pyramid (Prong design)<br><input type="checkbox"/> Urethane <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** \_\_\_\_\_

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

For Office Only: Date Received \_\_\_\_\_ Tech Start \_\_\_\_\_ Tech Finished \_\_\_\_\_