

Upper Extremity Prosthetic Worksheet

Please print .

PO Number _____

Due Date: _____ Phone Number: _____

Facility: _____ Practitioner: _____

Shipping Address: _____

Age: _____ Sex: _____ Ht: _____ Wt: _____ Leg: Left Right Bilateral

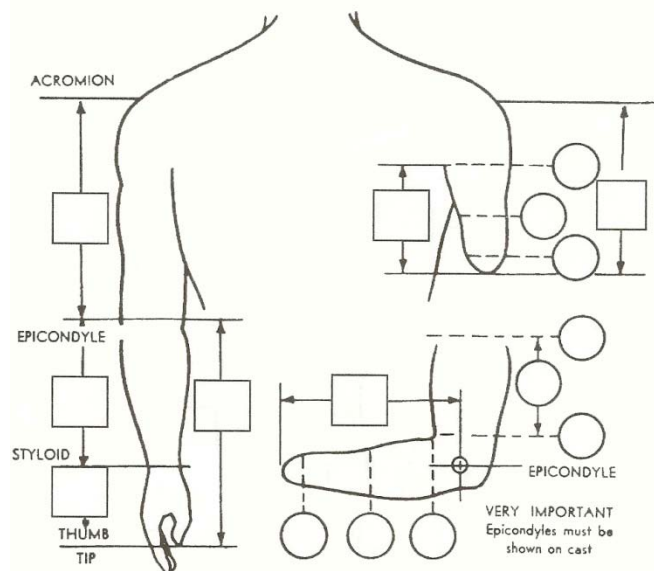
<p align="center">Alignment</p> <input type="checkbox"/> Save alignment <input type="checkbox"/> Bench alignment <input type="checkbox"/> Other _____	<p align="center">Socket</p> <input type="checkbox"/> Test Socket <input type="checkbox"/> Definitive Socket: Endo Exo
--	---

<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">Suspension</p> <input type="checkbox"/> Locking: Type _____ <input type="checkbox"/> Valve: Type _____ <input type="checkbox"/> Sleeve <input type="checkbox"/> Strap <input type="checkbox"/> Other _____
--	---

Inner Socket		Yes	No
<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"/> Keasley Cone			
<input type="checkbox"/> Other _____			
<input type="checkbox"/> Finished Thickness of Inner Liner _____			

<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">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
---	--

Special Trim Lines



Additional Instructions _____

No Parts

<p align="center">CB&L House Parts</p> <p>CB&L does not stock any upper extremity parts. Please call in advance so we may order the parts needed or send your parts with the cast.</p>	<p align="center">Parts Supplied by Facility</p> <ol style="list-style-type: none"> 1. _____ 2. _____ 3. _____ 4. _____ 5. _____ 6. _____ 7. _____ 8. _____ 9. _____ 10. _____
---	---

For Office Only: Date Received _____ Tech Start _____ Tech Finished _____