



## **C-FAB**

5765 Winfield Blvd.  
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Please check any option applicable to your project

### **LOWER EXTREMITY ORDER FORM**

Practitioner: \_\_\_\_\_

#### **Patient Information:**

Name: \_\_\_\_\_

Age: \_\_\_\_\_ K Level: 1 2 3 4

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Affected Side: \_\_\_\_\_

Lamination Color: \_\_\_\_\_

#### **Finish Lamination Style:**

Carbon Braid

Colored Carbon Spectrum: \_\_\_\_\_

Pigment Color: \_\_\_\_\_

#### **Affected Level (please underline or boldface):**

Trans-tibial

Trans-femoral

Symes

Hip

PFFD

Other

**Fabrication Guidelines:**

Set-Up	Preparatory	Definitive
Durplex Check Socket	Thermolyn Check Socket	
Light	Standard	Heavy Duty

**Fabrication Instructions:**

Fill Test Socket/Cast	<input type="checkbox"/>
Exoskeletal Prosthetic	<input type="checkbox"/>
Endoskeletal Prosthetic	<input type="checkbox"/>
Alignment Transfer	<input type="checkbox"/>
Bench Alignment	<input type="checkbox"/>
Padding	<input type="checkbox"/>
Supracondylar Suspension	<input type="checkbox"/>
Distal End Pad	<input type="checkbox"/>
Foam Cover	<input type="checkbox"/>
Add Skin	<input type="checkbox"/>
Socket Duplication	<input type="checkbox"/>
Window(s)	<input type="checkbox"/>
Expandable Silicone Bladder	<input type="checkbox"/>

**Liner**

Proflex w/ Silicone      Clear Flexible      Bock-lite

Colored Flexible: \_\_\_\_\_

**Attachment:**

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**Installed / Ordered Components:**

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**Measurements:**

MTP to Floor: \_\_\_\_\_

Calf Circumference: \_\_\_\_\_

Ankle Circumference: \_\_\_\_\_

Other Measurements: \_\_\_\_\_

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**Special Instructions:**

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**Customer P.O #:** \_\_\_\_\_

**Date Shipped:** \_\_\_\_\_