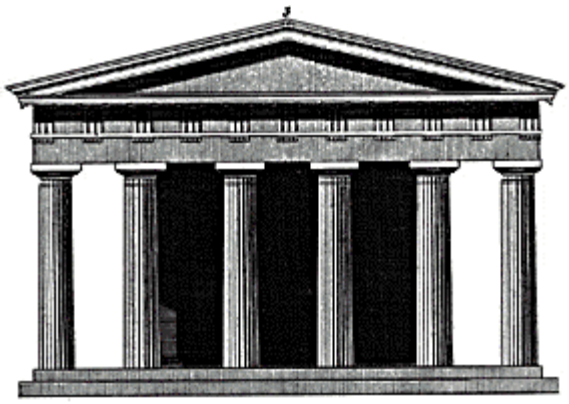

C-FAB

5765 Winfield Blvd.
San Jose, Ca 95123
(408) 472-7914
Limbcrafter@comcast.net

Please check any option applicable to your project

UPPER EXTREMITY ORDER FORM

Practitioner: _____

Patient Information:

Name: _____

Age: _____ Height: _____ Weight: _____
Affected Side: _____
Lamination Color: _____

Affected Level (please underline or boldface):

Partial Hand Radioulnar Trans-humeral Shoulder Disartic

Elbow Disartic Wrist Disartic

Fabrication Guidelines:

Set-Up Preparatory Definitive

Durplex Check Socket Thermolyn Check Socket

Light Standard Heavy Duty

Type:

Passive Hybrid Conventional Myoelectric

Control Cables:

Standard Teflon Lining Heavy Duty Spectra

Fabrication Instructions:

Fill Test Socket/Cast	☐
Exoskeletal Prosthetic	☐
Endoskeletal Prosthetic	☐
Alignment Transfer	☐
Bench Alignment	☐
Padding	☐
Supracondylar Suspension	☐
Foam Cover	☐
Add Skin	☐
Socket Duplication	☐
Window(s)	☐
Pull Hole	☐

Liner

Proflex w/ Silicone Clear Flexible Bock-lite

Colored Flexible: _____

Attachment:

_____
_____
_____

Installed / Ordered Components:

_____
_____
_____
_____
_____
_____
_____

_____
_____
_____
_____

Measurements:

Acromion to Medial Condyle: _____
Axilla to Medial Epicondyle: _____
Olecranon to thumb tip: _____
Other Measurements: _____
_____
_____

Special Instructions:

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Customer P.O #: _____

Date Shipped: _____