



## **C-FAB**

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**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	<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"/>
Foam Cover	<input type="checkbox"/>
Add Skin	<input type="checkbox"/>
Socket Duplication	<input type="checkbox"/>
Window(s)	<input type="checkbox"/>
Pull Hole	<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:**

Acromion to Medial Condyle: \_\_\_\_\_

Axilla to Medial Epicondyle: \_\_\_\_\_

Olecranon to thumb tip: \_\_\_\_\_

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

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**Special Instructions:**

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

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