

Fabrication Order

Date: / / Completion Date Request: / /

Clinician:

Optional contact:

PO#:

Bill to:

Phone: Cell: ()

email:

Ship to:

Phone: () Cell: ()

email:

Patient Last Name ONLY: _____

Age: _____ Ht: _____ Wt: _____

Female Male Left Right

Skin: Asian Black Latin Caucasian

Level: Wrst Disartic Transradial
 Elb Disartic Transhumeral

Use scale: (circle anticipated use of prosthesis)

1 2 3 4 5 6 7 8 9 10

Light Duty Medium Heavy Duty

COMPONENTS SENT WITH THIS PACKAGE

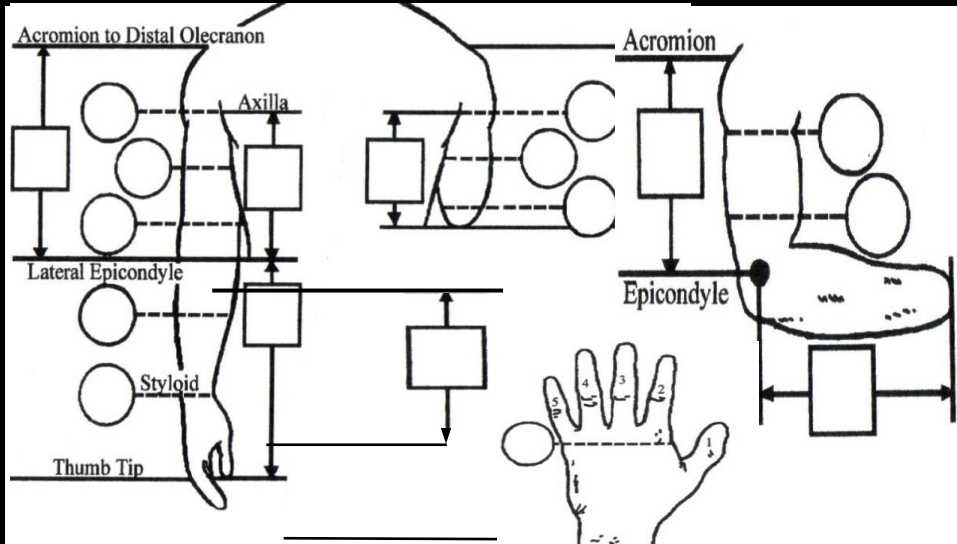
Qty

Modified plaster cast or negative of mod. cast * required *

Notes:



3454 Grant Ave.
 Grove City, Ohio 43123-2515
 614 . 782 . 2361
 victoria.lawson@newwaveprosthetics.com



Socket/Interface:

Material
 Bioelastic/Proflex
 Proflex w/ Silicone
 Laminate
 Silicone:

Component
 Pull Tube Size: 16 ___ 21
 Pee Wee Valve
 Other:

Frame:

Laminate
 Carbon Fiber
 Other:

Note: Form must be completed before fabrication will begin working on the project to ensure best results.

NWP Internal Use Only

Date Received

Date Completed

Date Returned

Packaged for return by:

Fabricator's Notes:

BIN #
