

OFFICE

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WEB

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PROSTHESES LAB ORDER

BILL TO ADDRESS: _____

SHIP TO ADDRESS: _____

SHIPPING : GROUND 3-DAY 2-DAY NEXT DAY EARLY AM

PATIENTS NAME: _____ CLINICIAN: _____ DATE: _____

HEIGHT: _____ WEIGHT: _____ AGE: _____ REQUESTED DATE: _____

PURCHASE ORDER: _____

L R Bilateral

AK BK AE BE SYMES other: _____

Casting Liner Type: _____ Thickness: _____

SOCKET TYPE

- DIAGNOSTIC
- POLY-PRO
- 1/4 CO-POLY
- other: _____

LINER OPTIFLEX OR SIMILAR

- MODIFIED POLYETHELENE
- TRILAM
- BOCKLITE
- PELITE
- DISTAL END PAD Pink Plastazote _____
- other: _____

ATTACHMENT/SUSPENSION

- CLUTCH LOCK
- Type: _____
- 3-PRONG ADAPTOR
- 4-HOLE ADAPTOR
- VALVE
- COYOTE 4-HOLE
- other: _____

ALIGNMENT

- static alignment
- ADD ABD _____ degrees
- flexion _____ degrees
- toe out _____ degrees
- other: _____

NOTES:

MEASUREMENTS (in Millimeters)

Linear	Circumference	Length
0	_____	_____
30	_____	_____
60	_____	_____
90	_____	_____
120	_____	_____
150	_____	_____
180	_____	_____
210	_____	_____
240	_____	_____
270	_____	_____

NOTES:

MODIFICATIONS

- RELIEVE AS MARKED
- PLY REDUCTION _____
- PLY INCREASE _____
- BUILD-UP _____
 - DISTAL END SHAPE
 - Rounded
 - other: _____

PIGMENT

- Caucasian light dark
- Latino
- Negroid light dark
- other: _____