

Northern Arizona Prosthetics

1726 North Liana Drive, Chino Valley, Arizona 86323

Phone: (928) 583-0707 Fax: (928) 583-0505

PROSTHETIC FABRICATION

TODAY'S DATE: _____ **DUE DATE:** _____

PRACTIONER: _____ PHONE #: _____

PATIENT NAME: _____ MALE / FEMALE AGE: _____

HEIGHT: _____ WEIGHT: _____ K LEVEL: _____ COLOR: _____

RIGHT / LEFT PREPARATORY / DEFINITIVE ENDO / EXO

HEAVY DUTY: LIGHT / MODERATE / HEAVY FOAM COVER: YES / NO

Thigh: _____ Knee: _____ Calf: _____ Ankle: _____

SOCKET MATERIALS: Check Socket Laminated Socket Hard Socket
Distal End Pad Soft Socket (DAW/ Pelite) Flexible Socket: _____

ABOVE-KNEE Ischial Tub-Floor: _____ KC-Floor: _____
Suspension: _____ Suction Silicone Suspension Sleeve

BELOW-KNEE MTP-Floor: _____
Suspension: Supracondylar Wedge / Removable Silicone Suspension Sleeve
Socket Design: PTB PTB-SC PTS

SYMES / PARTIAL FOOT MTP-Floor: _____

UPPER EXTREMITY

INSTRUCTIONS: _____

SEE BACK FOR PICTURE Fabricated By: _____

Date Sent: _____