NATIONAL LABS
ORTHOTICS • PROSTHETICS • INNOVATION

Custom Fabrication

☐ Orlando Ph 407.852.6170 | Fx 407.852.6171
☐ Kansas: Ph 913.888.4200 | Fx 913.888.4244
☐ Tempe: Ph 480.894.1755 | Fx 480.921.9686
☐ Anaheim: Ph 714.961.2155 | Fx 714.961.2181
☐ CDC: Ph 480.377.2226 | Fx 480.377.2896

Workorder #:
(Lab Use Only)

Bill To: .....
Address: .....

Ship To: .....
Address: .....

Practitioner: .....

Phone #: .....

Patient Name: .....

OPS invoice / NG encounter: .....

In-Office Request Date: ..... ☐am ☐pm

INSTRUCTIONS:

ITEMS IN PACKAGE	BRANCH TO C/F	REC'D C/F	C/F TO BRANCH
MEASURE SHEET			
CAST			
TRACING			
SHOE			
CHECK SOCKET			
BELT			
DATE			
INITIAL			

FABRICATION PROCEDURES

PROCEDURE	DESCRIPTION