NATIONAL LABS
ORTHOTICS • PROSTHETICS • INNOVATION

Knee Disarticulation

☐ 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: .....

Height: ..... Weight: ..... Age: .....

☐ Left ☐ Right ☐ Male ☐ Female ☐ Endoskeletal ☐ Exoskeletal ☐ Caucasian ☐ Other .....

Activity Level
☐ K-1
☐ K-2
☐ K-3
☐ K-4

Order Date: .....

In-Office Request Date: ..... ☐am ☐pm

OPS invoice / NG encounter: .....

TYPE OF SOCKET
☐ Cast Preparation
☐ Cast Modification
☐ K.D. Test Socket
☐ Leather Socket Rough Fit
☐ Socket Epox-Acryl

LINERS
☐ Thermoflex
☐ Polyethylene
☐ Pelite
☐ Pelite Covered with Leather

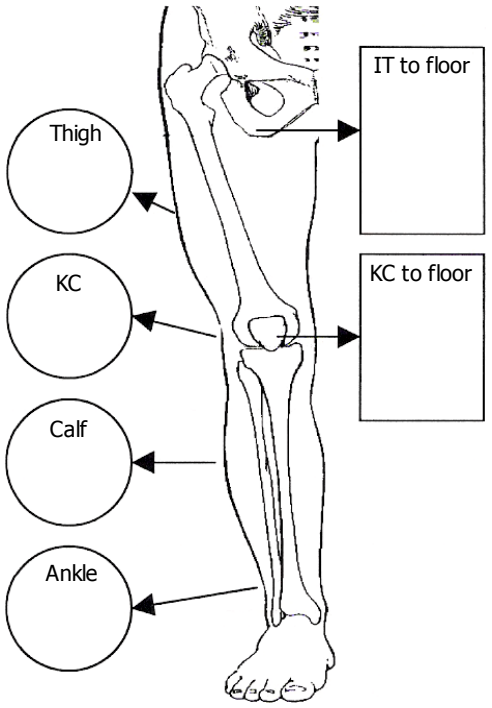
ADDS
☐ Add Expandable
☐ Add Medial Window
☐ Add Bent Back Knee
☐ Add Heavy Duty Carbon
☐ Add Leather Lace Front
☐ Add Check Lug and Lace

INSTALLS
☐ Install Joints
Type: .....
☐ Install Valve
Type: .....

SPECIAL INSTRUCTIONS:
.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

(Select One) ☐ SS ☐ Ti ☐ AL

TYPE OF COMPONENTS
..... Joints
..... Socket Adapter
..... Knee
..... Component
..... Tube Clamp
..... Pylon
..... Foot Plate
..... Foot/Style/Size
..... Heel Height



FINISH KD
☐ Leather Socket
☐ Thigh Epox-Acryl
☐ Shape And Hollow Out Shin
☐ Shin Epox-Acryl
☐ Foam Cover On Shin

HIP CONTROL
☐ Install Hip Control

Type of joint: .....

Type of band: .....

Type of belt: .....

☐ Add Finish Hip Control

SETUP
☐ Setup Fabricate Exo Shin
☐ Setup Fabricate Endo Shin

ALIGNMENT
Flexion .....

Abduction .....

Adduction .....

Please mark alignment and line of progression on cast