NATIONAL LABS
ORTHOTICS • PROSTHETICS • INNOVATION

Upper Extremity-Prosthetics

☐ **Orlando:** Ph 407.852.6170 | Fx 407.852.6171
☐ **Anaheim:** Ph 714.961.2155 | Fx 714.961.2181
☐ **CDC:** Ph 480.377.2226 | Fx 480.377.2896

Workorder #:
(FOR LAB USE ONLY)

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

Same as Bill to

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

Practitioner: .....
Phone #: .....

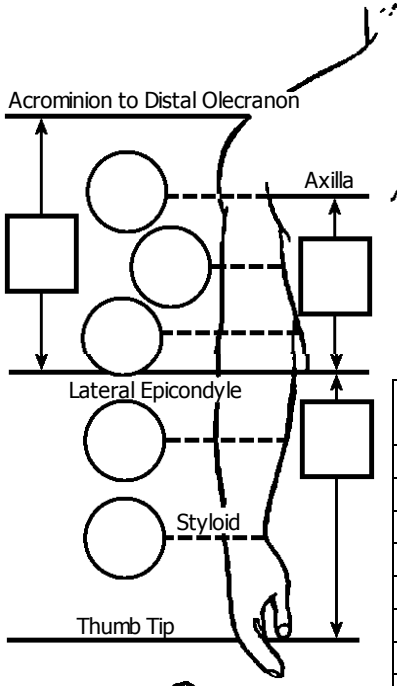
Patient ID: .....

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

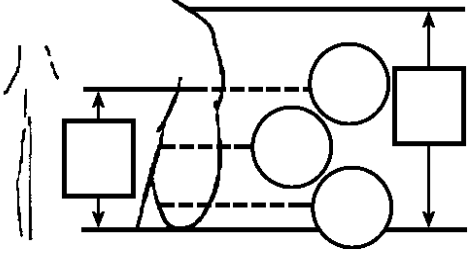
☐ Left ☐ Right ☐ Program ☐ Non-Program

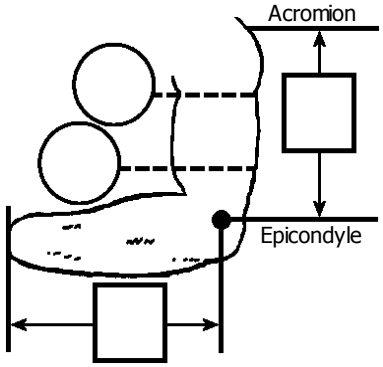
OPS Invoice/NG Encounter: .....

In-Office Request Date: ..... ☐am ☐pm

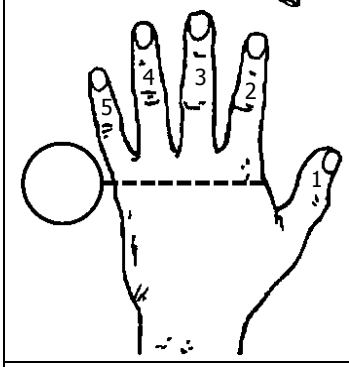


IMPORTANT:
Mark All Bony Prominences on Cast





Items in Package	*Branch To C/F*	*Rec'd C/F*	*C/F To Branch*	*Code #*	*Description*
Measure Sheet					
Cast					
Tracing					
Check Socket					
Components					
DATE					
INITIALS					



VALVE TYPE
☐ Green Dot ☐ Pee Wee
☐ Other .....

CONTROLLER
☐ ProControl II Hand Only
☐ ProControl II Hand & Wrist
☐ Otto Bock Digital
☐ Otto Bock DMC
☐ Liberty Tech
☐ Hosmer
☐ Other .....

SOCKET INTERFACE
☐ Durrplex ☐ Polyethylene
☐ Bioelastic ☐ Proflex Silicone
☐ Laminate
☐ Other .....

☐ Thick/More Rigid ☐ Thin/Flexible

FRAME
☐ Laminate ☐ Carbon Fiber
☐ Durrplex
☐ Other .....

TYPE
☐ Passive ☐ Conventional
☐ Hybrid ☐ Myoelectric
☐ Other (Switch, Servo, etc.):
.....

LEVEL
☐ Partial Hand ☐ Transhumeral
☐ Wrist Disartic ☐ Shoulder Disartic
☐ Radioulnar ☐ Interscapular Thoracic
☐ Elbow Disartic

PULL HOLE ☐ Yes ☐ No

Lamination Color # .....
Glove Color # .....
☐ Otto Bock
☐ Realistic
☐ Other .....

CONTROL CABLES
☐ Standard ☐ Teflon Lining (For Standard or Spectra Cables Only)
☐ Heavy-duty
☐ Spectra

PATIENT NAME:	BRANCH:

SPECIAL INSTRUCTIONS: