

Upper Extremity Fabrication Order Form

*Please complete the form below. Accurate and careful measurements relate to the fit and function of the device.

PO# _____

Telephone: 651-457-4595

Fax: 651-457-1120

Bill To: _____
 Address: _____

 Ship To: _____
 Address: _____

 Practitioner: _____
 Phone: _____ Fax: _____
 Patient: _____

Patient Information

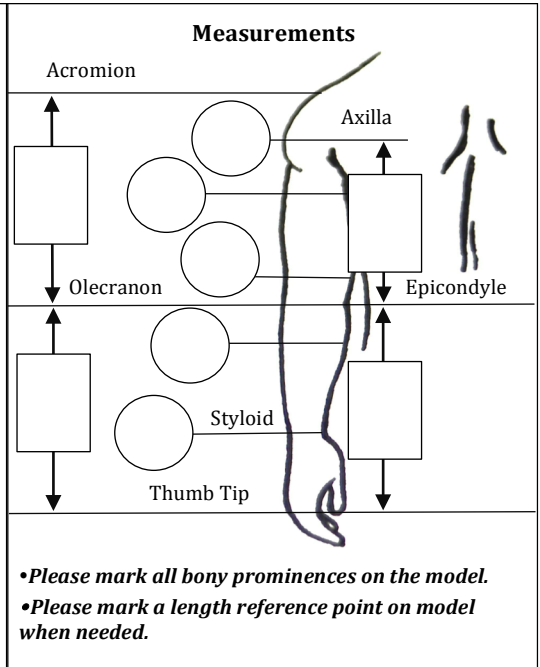
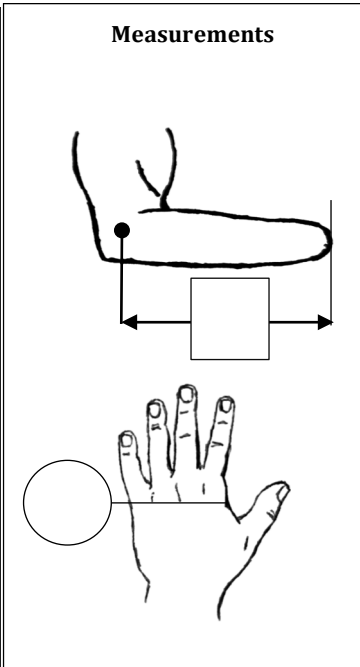
Left Right
 Female Male
 Weight: _____
 Height: _____
 Lamination Color: _____

 Otto Bock - Kingsley

Template Provided

Positive Cast	_____
Check Socket	_____
Existing Socket	_____
Other:	_____

Upper-Extremity Level	
Trans-Radial	_____
Trans-Humeral	_____
Wrist Disarticulation	_____
Elbow Disarticulation	_____
Shoulder Disarticulation	_____
Partial Hand	_____
Device Type	
Check Socket	_____
Rough Trial	_____
Complete	_____
Myoelectric	_____
Conventional	_____
Hybrid	_____
Other:	_____
Socket Interface	
Soft Thermoplastic	_____
Type:	_____
Rigid Thermoplastic	_____
Type:	_____
Laminated with Flexible Brim	_____
Rigid Lamination	_____
Carbon Fiber/Special Fabrics	_____
Flexible Lamination	_____
Pull Hole/Tube	_____
Valve Type:	_____
Other Suspension:	_____
Glove Type:	_____
Glove Color (1-18)	_____
Match Lamination To Glove Color	_____



Electrode Type:	Battery Type:
Charger Type:	Hand Type:
Body Powered Cable/Strap Type:	Wrist Type:
Wrist Flexion:	Elbow Type:
Other Accessories:	

NOTE: All necessary parts, components, and fabrication dummies must be supplied by the customer prior to fabrication. VMS does not order parts and components for upper extremity.

Vertical Mobility Solutions LLC



****Please Use The Reverse Side For Additional Instructions****