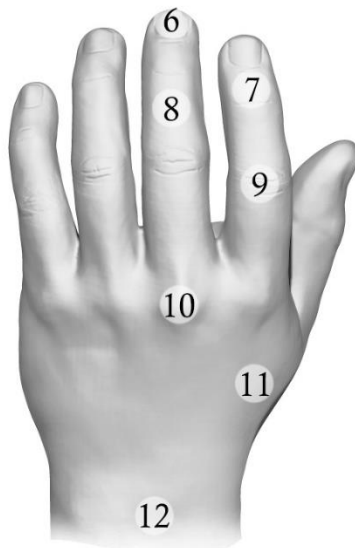
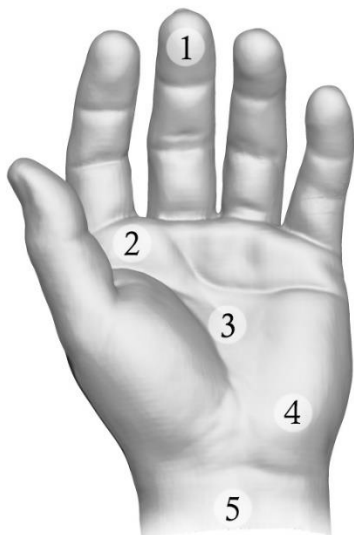
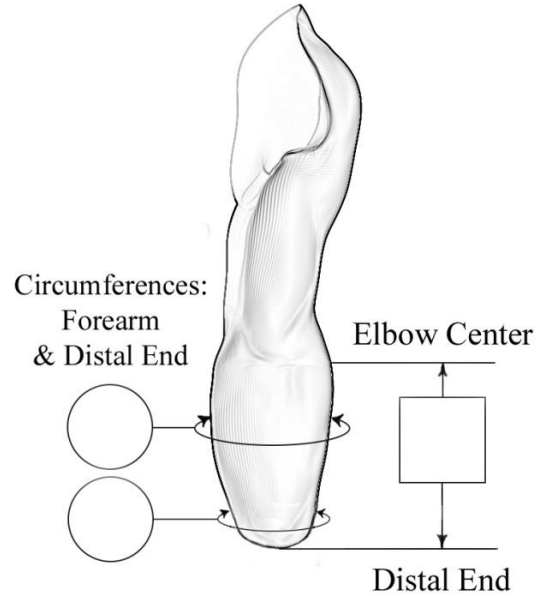
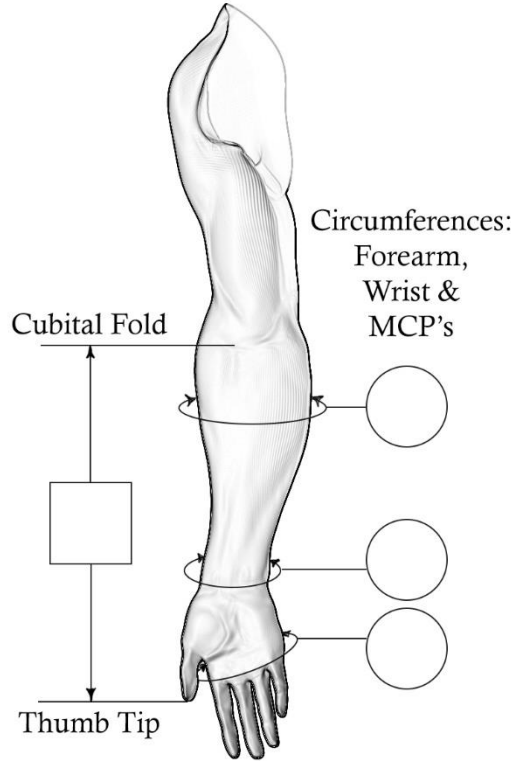
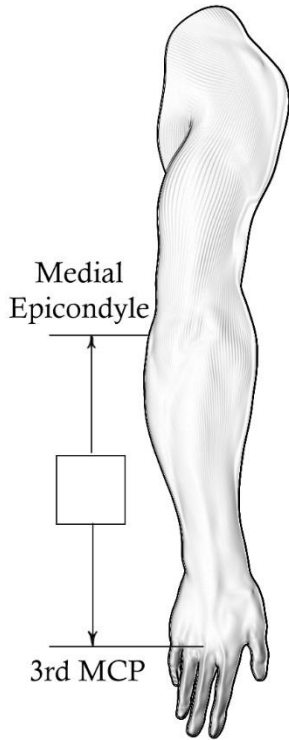


Facility:		Prosthetist's Name:	
Contact Phone:		Email:	
Shipping Address:		Billing Address:	
Purchase Order #:		Patient's Last Name:	
Height:	Weight:	Age:	Gender:



Color Swatch Brand (ex. Fillauer, Otto Bock, RSLSteeper, etc.):

1: _____ 7: _____

2: _____ 8: _____

3: _____ 9: _____

4: _____ 10: _____

5: _____ 11: _____

6: _____ 12: _____

Patient Last Name: _____

Pg 2 of 2

FLEXIBLE INTERFACE? Y / N

If 'YES', which material?

- PROFLEX: 1/8" _____ 3/16" _____
- HIGH CONSISTENCY SILICONE (HCR)

PHOTOGRAPHS:

- Please provide digital photographs of dorsal, palmer, medial, and lateral aspects of both affected and sound sides; as well as close-up photographs of fingernails (preferably without nail polish).
- Photographs taken with color swatches against a neutral grey background are preferred.
- Video footage capturing elbow range of motion is also helpful.

IMPRESSIONS:

- A silicone impression of the contralateral limb is recommended for production of our transradial cosmesis, as silicone records the highest amount of detail. Plaster positives from alginate impressions are also accepted.
- Please provide a plaster/fiberglass cast of the contralateral forearm from elbow to ulnar styloid with the contralateral arm in a natural relaxed position. A digital surface scan of the contralateral forearm is also accepted.
- Please include a diagnostic check socket with your order. We will duplicate this socket design during production of the transradial prosthesis.

Mail orders to:

Functional Restorations

1821 Hillandale Road

Suite 1B-329

Durham, NC 27705