NATIONAL LABS
ORTHOTICS • PROSTHETICS • INNOVATION

Upper Limb Fab Order Form
Transhumeral External Powered

Work Order #_____
Date Received: _____

Patient:_____ Phone #:_____ Terminal Device:_____
Clinician:_____ Need by:_____ Wrist Unit:_____
PCC City, State:_____ ☐Left ☐Right Elbow unit: _____
PCC Number:_____ Lamination/Glove color:_____
OPS invoice / NG encounter: _____

Socket

STANDARD
- Flexible socket
- Valve at distal end

OPTIONS
- ☐Laminated (4 Nyglass & Dacron inner) & removable
- ☐Custom silicone socket
- ☐Lamination over socket
- ☐No valve
- ☐Pull tube

Humeral Lamination

STANDARD
- Laminated, 6 layers Nyglass
- Carbon tape at humeral turntable
- 2 finishing layers
- Battery box/charge port

OPTIONS
- ☐Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- ☐Carbon tape throughout
- ☐Printed material as final
- ☐Oval hole in posterior for E-Series elbows
- ☐Battery located in forearm

Forearm Lamination

STANDARD
- Forearm provided by manufacturer

- ☐Laminated, 6 layers Nyglass
- ☐Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon)
- ☐Carbon tape throughout
- ☐Custom lamination over forearm supplied by vendor
- ☐Printed material as final

Alignment

STANDARD
- As marked on socket or follow test socket
- If not marked or no test socket, then elbow at perpendicular to socket

OPTIONS
- ☐Elbow ☐Flex or ☐Ext at _____°
- ☐Elbow ☐AB or ☐AD duct _____°
- ☐Move elbow ☐anterior or ☐ posterior _____ ☐mm/ ☐”
- ☐Move elbow ☐medial or ☐ lateral _____ ☐mm/ ☐”

Harness

STANDARD
- Chest strap (clinician to provide fabrication instructions)

OPTIONS
- ☐Fig 8 with large NW ring
- ☐Change size of NW ring:_____
- ☐ Dual NW ring
- ☐BAHA
- ☐Silicone axilla (Hosmer)
- ☐TRS neoprene on axilla loop
- ☐Plastic covering on axilla loop
- ☐No harness requested

Detail any other changes from the Standards listed:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Electronics

Control system: ☐Otto Bock ☐Motion Control ☐Steeper ☐Touch Bionics ☐COAPT ☐LTI ☐Other: _____

☐Dual Site ☐Single Site

☐Electrodes
- ☐OB
- ☐Touch
- ☐Motion Control
- ☐Standard ☐Silicone Apron

☐Steeper
☐Other

☐Rotator: ☐OB ☐Motion Control

☐Switch/Linear Pot (detail below):

_____
_____
_____
_____

Specialty Fabrications Centers

ANAHEIM	ORLANDO	HOUSTON
(714) 961-2155	(407) 852-6170	(832) 214-1483

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Work Order #_____

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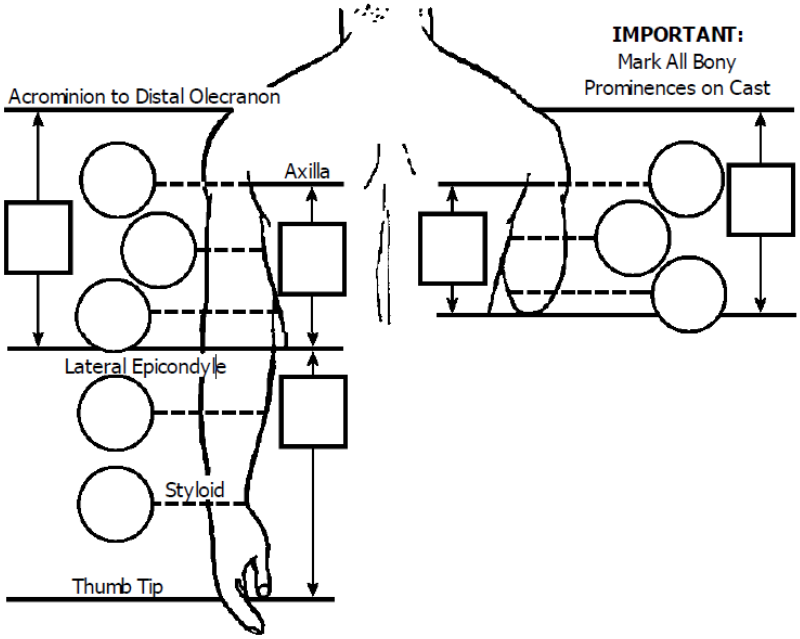
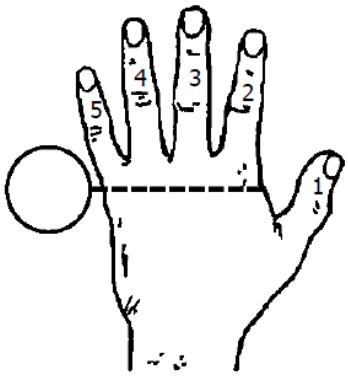
Please complete all necessary measurements:





Additional Notes:

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V1 2016

****NOTE TO CLINICIAN: It is <u>strongly advised</u> that ALL external powered devices be sent to fab in a trial fitting setup with all components aligned and tested for operation. Include TD & chargers with the setup.**

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