

Work Order # _____
Date Received: _____

Patient: _____ Oppositional Body Powered External Powered Left Right
 Clinician: _____
 PCC City, State: _____ Phone #: _____ Type of Device: _____
 PCC Number: _____ Need by: _____
 OPS invoice / NG encounter: _____ Lamination/Glove color: _____

<u>Socket</u>		<u>Frame Lamination</u>	
<u>STANDARD</u>	<u>OPTIONS</u>	<u>STANDARD</u>	<u>OPTIONS</u>
<ul style="list-style-type: none"> • Flexible socket 	<input type="checkbox"/> Custom silicone socket <input type="checkbox"/> Lamination over socket <input type="checkbox"/> Laminated & removable <input type="checkbox"/> (Detailed in notes)	<ul style="list-style-type: none"> • Laminated, 6 layers Nyglass • Carbon tape at wrist • 2 finishing layers 	<input type="checkbox"/> Carbon lamination (1 Carbon, 1 Nyglass, 1 Carbon) <input type="checkbox"/> Carbon tape throughout <input type="checkbox"/> Printed material as final

<u>Alignment</u>		<u>Harness & Cabling (Body Powered System)</u>	
<u>STANDARD</u>	<u>OPTIONS (Changes from test fit)</u>	<u>STANDARD</u>	<u>OPTIONS</u>
<ul style="list-style-type: none"> • Follow test socket 	<input type="checkbox"/> Detail in notes section	<ul style="list-style-type: none"> • Spectra with Teflon • Wrist driven 	<input type="checkbox"/> Fig 9 Harness <input type="checkbox"/> No cabling requested
Provide details in Notes			

Electronics (External Powered System)

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

Dual Site Steeper Switch/Linear Pot (detail below)

Single Site Other Int Battery Ext Battery

Electrodes LTI Motion Control Other

OB OB IBT

Touch Touch Steeper

Motion Control

Standard Silicone Apron Remote Style

Capacity: Std Small Large

Detail any other changes from the Standards listed above:
