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Transradial or Transhumeral

Practitioner: _____
 Due date: _____ Date completed: _____

Patient Information

Name: _____
 PO#: _____
 Age: _____ Height: _____ Weight: _____
 Male Female K Level: 1 2 3 4
 Left Right Bilateral
 Custom color swatch #: _____

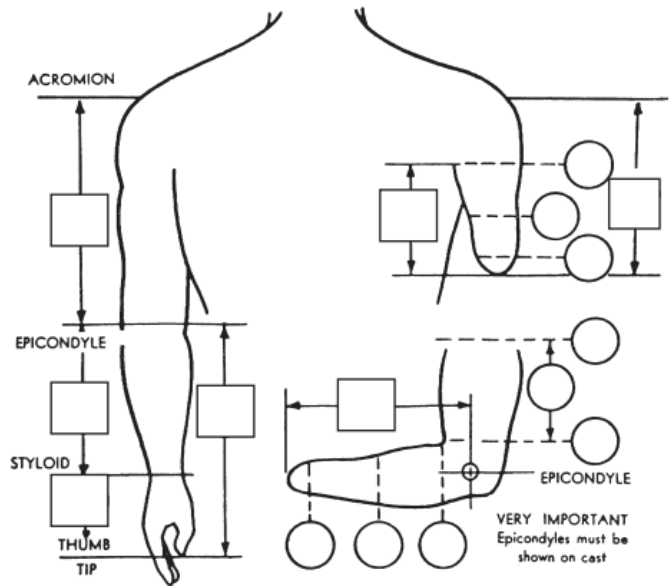
Fabrication Guidelines:

Test Socket Preparatory
 Definitive Transfer and Finish
 Attachment type: _____
 Suspension: _____

Fabrication Instructions:

Transfer alignment
 Test socket: _____
 1/4" 3/16"
 Thermoplastic preparatory socket
 Flexible inner socket
 Forearm section lamination
 Shuttle lock: _____
 Pull sock channel
 Fabricate harness: _____
 Cuff
 Leather Thermoplastic Laminated
 Cable system
 Socket duplication

Measurements:



Componentry:

Terminal Device: _____

 Wrist Unit: _____

 Elbow Unit: _____

 Hinges: _____

Special Instructions:

Tech notes:

Date Received: _____ Tech: _____