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Transradial or Transhumeral

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

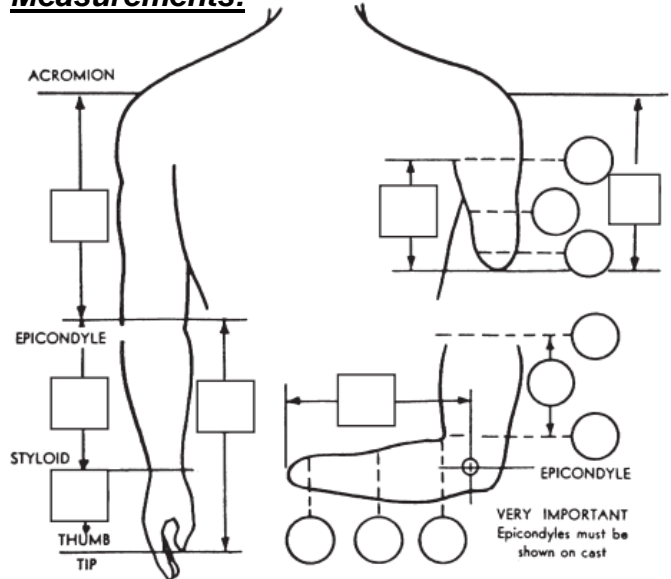
Leather Thermoplastic Laminated

Cable system

Socket duplication

Ship to:

Measurements:



Componentry:

Terminal Device: _____

Wrist Unit: _____

Elbow Unit: _____

Hinges: _____

Special Instructions:

Due date: _____ Practitioner: _____

Company: _____