



Silverado Fabricators and Maker Services

1104 E. Pettigrew St. Durham NC,27701

Prosthetic device work order form

Company _____ Address _____

Phone _____ Practitioner _____

Requested Due Date _____

Patient _____ Weight _____ Activity level _____ Diagnosis _____

Please select:

AK BK Other _____ Left Right Bilateral

Ckeck Socket Seamed Blister Formed

Carbon One-Shot 2-Shot +Beauty Coat

Flexible Liner Flexible Brim

Liner Material: LDPE Proflex Proflex w/ Silicone Pelite

Pelite w/ Leather Vivack Other _____

Airtight Resin Valve _____ Distal adpter _____ Lock _____

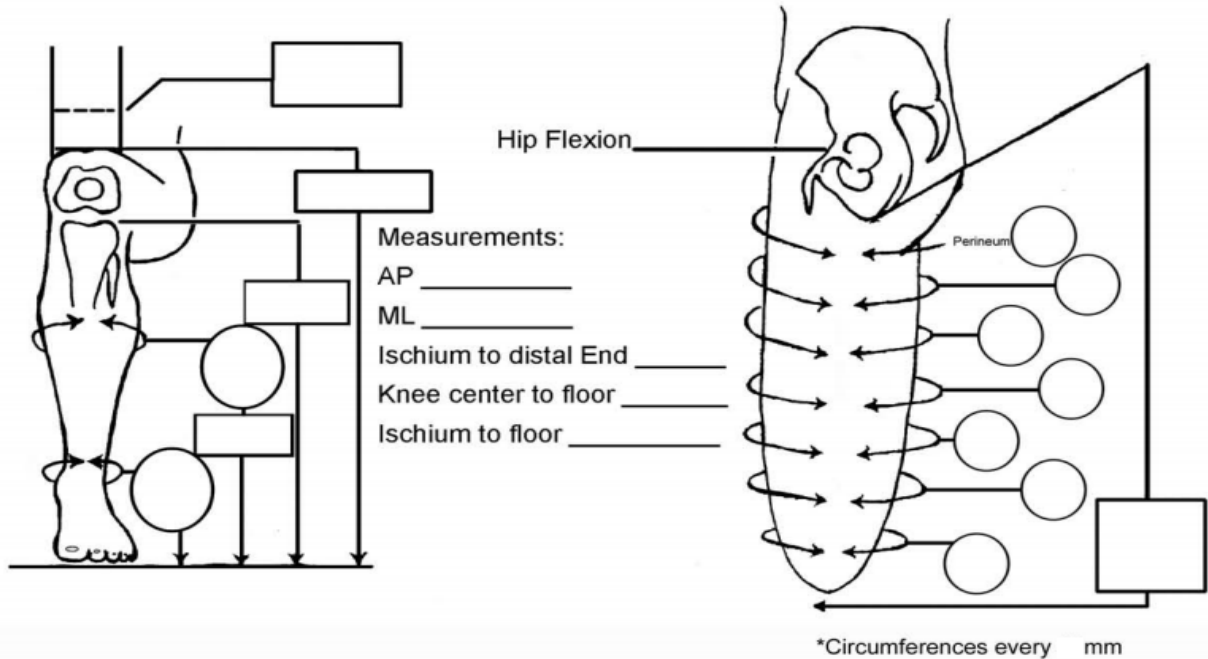
Pigment/Finish _____

NOTES:

LAY_UP:

Silverado Fabricators and Maker Services Office Use Only

RCVD BY _____ DATE RCVD _____



Componentry: Sent Along On order, direct to Prosthetic Plus Prosthetic Plus will order

Special Instructions:

Office Use Only

Required landmarks on cast?	Yes	No	N/A
Required measurements supplied?	Yes	No	N/A
Work order complete?	Yes	No	
Date Received:	_____		

Our Guarantee...

requires completed work order information. Detailed and accurate measurements, alignment lines, and special instructions will increase efficient and expedited fabrication.