



13701 24th St. E. Unit A-8  
Sumner, WA 98390  
(ph) 253-891-1976  
(fax) 253-891-1977

## WORK ORDER

Company Name: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_

Practitioner: \_\_\_\_\_

Project Name or Number: \_\_\_\_\_

Date: \_\_\_\_\_

Check all that apply:

Prosthetic     Orthotic

Right     Left     Both

Patient Weight \_\_\_\_\_ Activity Level \_\_\_\_\_

PREFERRED DUE DATE \_\_\_\_\_

## SPECIFIC INSTRUCTIONS

Materials _____ _____ Plastic Type _____ _____ Plastic Thickness _____ _____ Joint Style _____	Notes
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