



9918 162nd St. Court E., Unit 1
Puyallup, WA 98375
(ph) 253-891-1976
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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 _____	Notes

Plastic Type _____	

Plastic Thickness _____	

Joint Style _____	
