



PROSTHETIC WORKORDER

Independent Technical Services
Address: 9918 162nd ST CT E, Suite 1
Puyallup, WA 98375

PH: 253-891-1976
FAX: 253-891-1977

Assembled by:
Inspected by:
Shipped by:

Facility: _____
Shipping Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact: _____ Preferred Due Date: _____

PO NUMBER:

PATIENT NAME:

RIGHT LEFT BILATERAL
PATIENT WEIGHT _____
PATIENT ACTIVITY LEVEL _____
TRANSFER ALIGNMENT STATIC ALIGNMENT
FLEXION ANGLE _____ ABDUCTION/ADDUCTION ANGLE _____

PROVIDED COMPONENTRY

I.T.S. PROVIDED COMPONENTRY

LOCK TYPE: BULLDOG

COYOTE AIRLOCK

OSSUR 621

OTHER : _____

SOCKET TYPE: AK BK KNEE DISARTIC

TEST SOCKET

DEFINITIVE

CO-POLY

DEFINTIVE SOCKET FINISH:

CARBON

PIGMENTED

LOGO W/ PROVIDED MATERIAL

LOGO W/ FRED'S LEGS, PATTERN
NAME: _____

LINER: YES NO

FULL HALF LINER(GANO)

LINER MATERIAL: SEAFLEX 300

SEAFLEX 200

PROFLEX

ORTHOFLEX

BOCKLITE

KEASY CONE

OTHER _____

LINER THICKNESS: 1/8" 3/16" 1/4"

VALVE TYPE: OSSUR ICELOCK EXPULSION VALVE

OSSUR EVOLUTION PLATE W / DISTAL EXPULSION

BK LYN VALVE

AK LYN VALVE

OTHER : _____

ADAPTER TYPE: OWW 4-HOLE BLOCK

OSSUR EVO PLATE W/VALVE

3-PRONG MALE/FEMALE

4-PRONG PYRAMID

OTHER : _____

PADDING: YES NO

DEP: YES NO THICKNESS: _____

ADDITIONAL INFO