

* MANDATORY FIELDS			<input type="checkbox"/> MEASUREMENTS		<input type="checkbox"/> SCAN	<input type="checkbox"/> CAST
PATIENT INFORMATION		WORK ORDER NO.	CUSTOMER INFORMATION	SHIPPING METHOD * Site Pickup	DATE NEEDED * 8/5/2025	DATE RECEIVED (for office use only)
NAME * Finnigan, K			FACILITY * Prosthetic Orthotic Designs		ACCOUNT #	
HEIGHT	WEIGHT *	AGE	PRACTITIONER *			
SEX	ACTIVITY LEVEL *	AFFECTED SIDE * <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT	E-MAIL ADDRESS finnross1@gmail.com		PHONE NUMBER * (305) 233-0478	

MATERIAL

- ☐ PP
- ☐ PE
- ☐ FLEXOFORM
- ☐ PELITE CONE
- ☐ ACRYLIC/DURRFLX/DIOCLEAR

LINER TYPE

- ☐ TYPE _____
- ☐ SIZE _____
- ☐ THICKNESS _____

SUSPENSION

- ☐ SECTION
- ☐ PIN LOCK TYPE (IF USED)
- ☐ SILICONE VALVE SLEEVE

DISTAL END OPTION

- ☐ FITTED ☐ INJECTION VOID
- ☐ PURCHASE INJECTION KIT

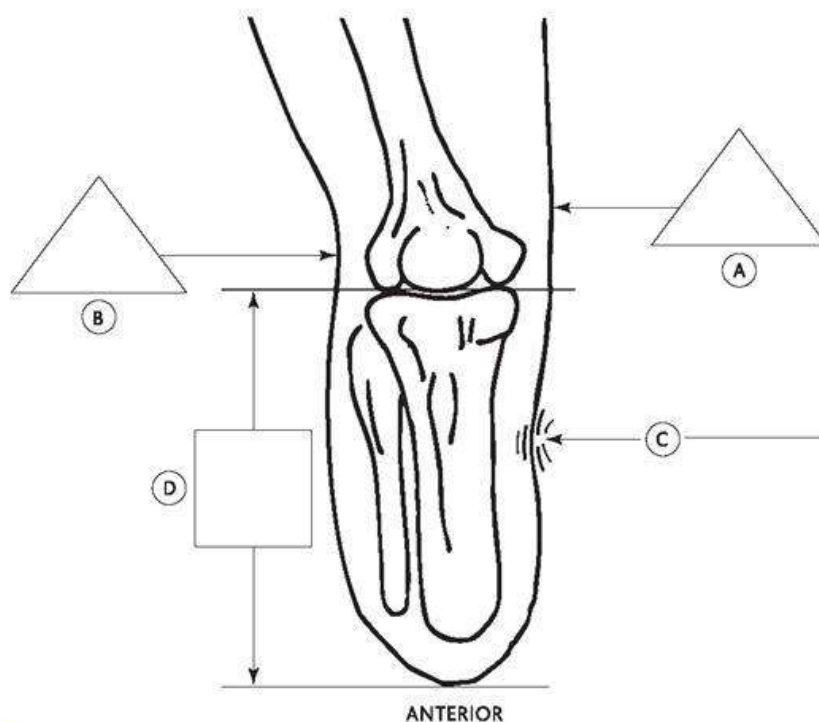
FOOT

- TYPE _____
- SIZE _____

OTHER COMPONENTS

- a. SC ML
- b. FEMORAL CONDYLE ML
- c. DEPTH OF MEDICAL FLARE
- d. MPT TO DISTAL

IF LINER IS TO BE USED, MEASUREMENTS ARE TAKEN OVER LINER



NOTES AND MODIFICATION INSTRUCTIONS

STANDARD BKP. 140ls K3. RUSH Brian will pick up ASAP

Log on to www.noplaster.com to submit order