

If you are emailing a scan, please include the completed order form along with the scan to Inovaorthopedicsadmi@gmail.com.
 To help us in tracking orders that are mailed, please email completed forms to: Inovaorthopedicsadmi@gmail.com then mail the order form along with casts or crush box to: 218 W Hampton Ave, Ste. 1, Mesa, AZ 85210

Prosthetic Order Form

Date Mailed: _____

Date Needed: _____

(Standard fab time 10 days in house)

3 Day Rush Order: \$75.00

PO #: _____ Acct #: _____

Clinic Information

Clinic Name: _____ Clinician Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Patient Information

Patient Name: _____ M F Test Socket AK

Cast Modifications

Lt Rt BIL Test Socket BK

Reduce Ply: _____

Expand Ply: _____

Smooth Pour With Pads And Blend

Lamination AK

Lamination BK

Symes

Lamination Style

- Carbon
- Sleeve
- Pigment
- Caucasian Light Med Dark
- Dark Light Med Dark
- Latin Light Med Dark
- Other

Liners

- None
- Pe-Lite Liner
- White Orfit Excel
- Black Orfit Excel
- White Polyethalyne/NPE
- Other

Adds

- None
- Distal End Pad
- BOA
- PETG
- Window

Installs

- Install Valve _____
- Install Distal Atteachment _____
- Install Shuttle Lock Medial Lateral

New Components Correct Line Of Progression

Alignment Transfer

- Standard Bench PETG And Send Back
- Transfer To Jig Use Alignment Liners

SPECIAL INSTRUCTIONS: _____

Description Of Placement: _____

BOA

Number Of Panels _____

Number Of BOAS _____

Scan & Save Mold