### ARTech Laboratory

309 W. Avenue F

Amputee Restoration Technologies Midlothian, Texas 76065

Office 1-888-775-5501 \_ Fax 1-972-775-2000

# **Work Order**

### **Patient Profile**

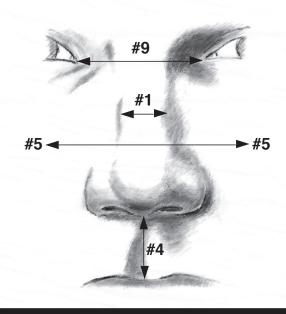
Prosthetic Company		Proth. Phone
Practitioner		Notes and Special Requirements
Patient Name		
Description of amputation		
Description of prosthesis(ae myo)_		
P.O. #		
Practitioner' Signature	Date	*Mark sensitive areas on model & diagram
Please complete all appli	cable profile/ diagra	am specifications and send this work order along with
<u>r</u>	equired models, ph	otos, special instructions, etc.

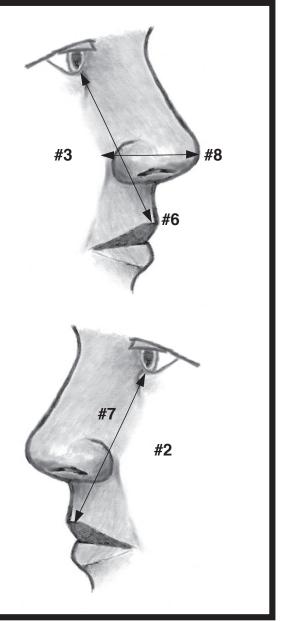
### **Nose Colors**

- 1.\_\_\_\_\_ Bridge of Nose
- 2.\_\_\_\_ Left Cheek
- 3.\_\_\_\_\_ Right Cheek
- 4.\_\_\_\_\_ Top Lip

### **Nose Measurements**

- 5.\_\_\_\_ Cheekbone to Cheekbone
- 6.\_\_\_\_\_ Upper Lip to Corner of Right Eye
- 7.\_\_\_\_\_ Upper Lip to Corner of Left Eye
- 8.\_\_\_\_ Tip of Nose to Face
- 9.\_\_\_\_ Eye Corner to Eye Corner





# ARTech Laboratory, Inc. Checklist

## <u>Nose</u>

Ple	ase read "Nose Casting Procedure" ase read "Photo & Model Policy" otos of patient before amputation, if available. If not, photos of a family
member o	or other person's nose they would like.
	otos taken <u>before casting</u> .
Dei	ntal stone model of residual
Col	asurements completed on Work Order or choices completed on Work Order
	Lab no longer fabricates nasal prostheses that require magnets or retention. We only fabricate nasal prostheses with adhesive
photo of it	nas had a prosthesis previously, it would be helpful to us to have it, or at least a they usually want the new prosthesis to look similar to the one they are using there is some problem with the current one.
	need a lot of photos that are different colors. One or two prints of each angle, if clor-true, will be sufficient.
It is not ne our web si	cessary to return the color chart with the models, unless you used one printed of