

ARTech Laboratory

Amputee Restoration Technologies

309 W. Avenue F

Midlothian, Texas 76065

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Work Order - AE or BE

Patient Profile

Prosthetic Company _____

Proth. Phone _____

Practitioner _____

Notes and Special Requirements _____

Patient Name _____

Description of amputation _____

Description of prosthesis(ae myo) _____

P.O. # _____

****Mark sensitive areas on models & diagram***

Practitioner' Signature _____ Date _____

Please complete all applicable profile/ diagram specifications and send this work order along with required models, photos, special instructions, etc.

Colors

1. _____
(Fingernail - darkest area)

2. _____
(Between PIP & DIP - lightest)

3. _____
(MCP Joint - darkest area)

4. _____
(Dorsal - average color)

5. _____
(Above Wrist average color)

6. _____
(Fingertip)

7. _____
(Between PIP & MCP)

8. _____
(Above Wrist - darkest area)

9. _____
(Forearm dorsal - average color)

10. _____
(Upper arm dorsal - average color)

11. _____
(Forearm palmer - average color)

12. _____
(Upper arm palmer - average color)

Measurements

diameter in mm

A. _____
(Between PIP & DIP index)

B. _____
(Across PIP index)

C. _____
(Across MCP)

D. _____
(Tip of thumb to elbow crease)

