

# ARTech Laboratory

Amputee Restoration Technologies

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## Work Order - EAR

### Patient Profile

Prosthetic Company \_\_\_\_\_

Proth. Phone \_\_\_\_\_

Practitioner \_\_\_\_\_

Notes and Special Requirements \_\_\_\_\_

Patient Name \_\_\_\_\_

Description of amputation \_\_\_\_\_

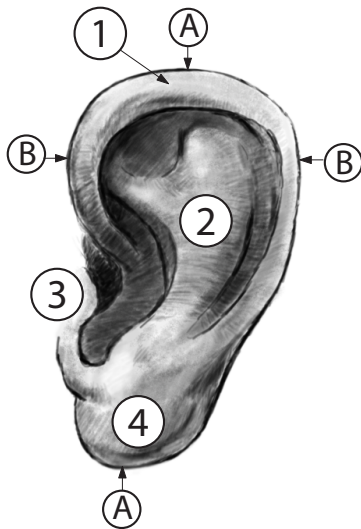
Description of prosthesis(ae myo) \_\_\_\_\_

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

P.O. # \_\_\_\_\_

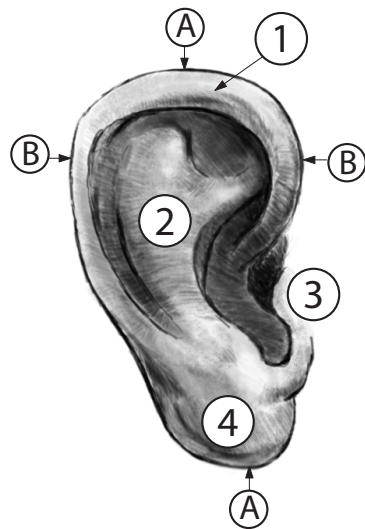
Practitioner' Signature \_\_\_\_\_ Date \_\_\_\_\_

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



### Ear Colors

1. \_\_\_\_\_ (Helix color)
2. \_\_\_\_\_ (Anti-helix color)
3. \_\_\_\_\_ (Tragus color)
4. \_\_\_\_\_ (Lobe color)



### Measurments

- A. \_\_\_\_\_ (Length of ear)  
B. \_\_\_\_\_ (Width of ear)  
C. \_\_\_\_\_ (Scalp to outside rim of ear,

