

ARTech Laboratory

Amputee Restoration Technologies

309 W. Avenue F

Midlothian, Texas 76065

Office 1-888-775-5501

Fax 1-972-775-2000

Work Order Feet & Toes

Patient Profile

Prosthetic Company _____

Proth. Phone _____

Practitioner _____

Notes and Special Requirements _____

Patient Name _____

Description of amputation _____

Description of prosthesis(ae myo) _____

P.O. # _____

****Mark location of trim line on diagram***

Practitioner' Signature _____ Date _____

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

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

Feet Colors

1. _____ (Toe Tip, darkest color)
2. _____ (Toe Nail, darkest color)
3. _____ (MTP, darkest color)
4. _____ (Dorsal, average color)
5. _____ (Heel, darkest color)

Measurments

- A. _____ mm(length)
B. _____ mm(width)
C. _____ Mark location of trim line

