

ARTech Laboratory

Amputee Restoration Technologies

309 W. Avenue F

Midlothian, Texas 76065

Office 1-888-775-5501

Fax 1-972-775-2000

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's Signature _____ Date _____

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

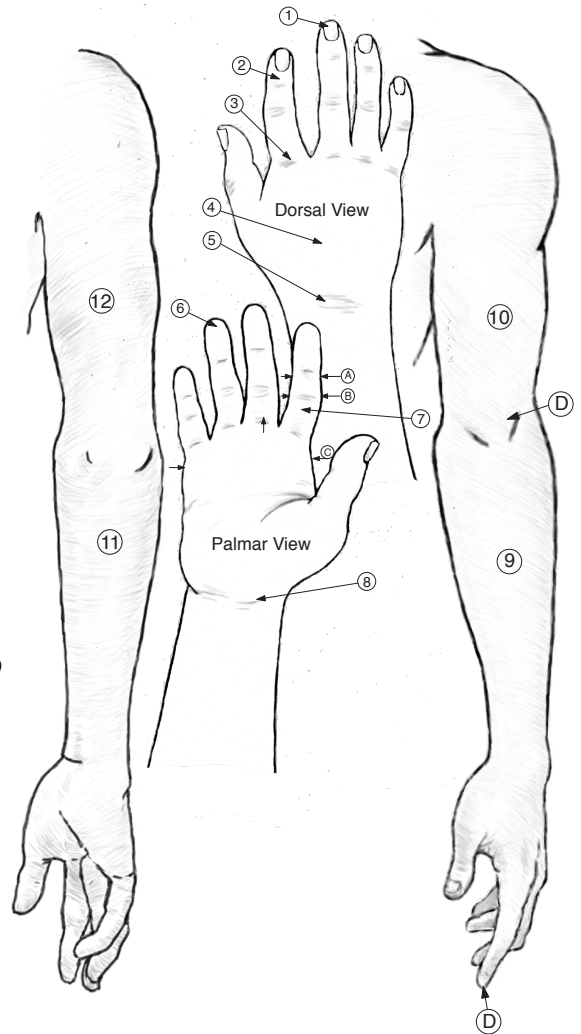
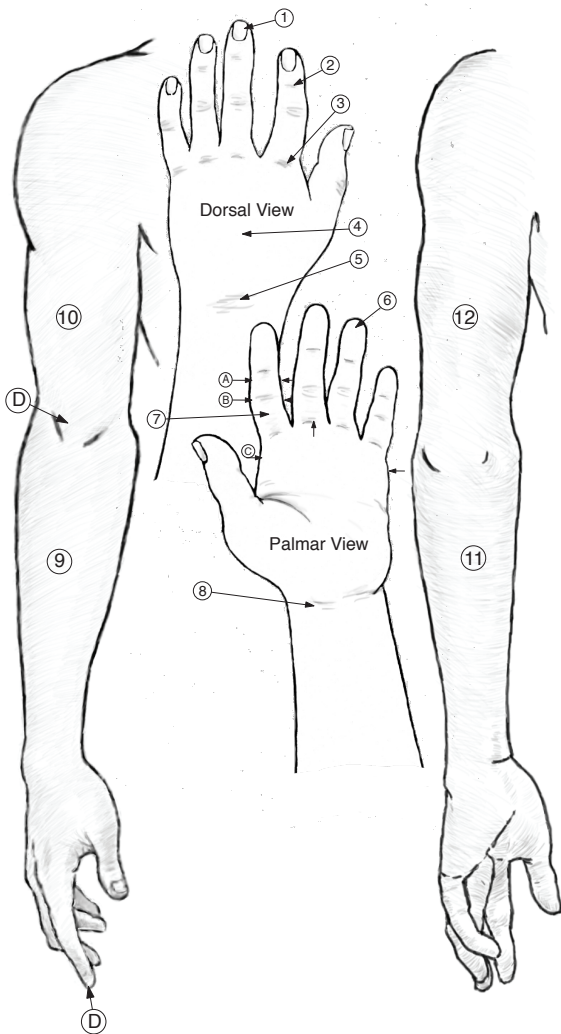
Colors

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)



ARTech Laboratory, Inc.
Checklist for AE & BE Passives & Myos

AE or BE Passives

___ **Lab plaster (not plaster bandage)** model of “sound” hand with fingers in a relaxed or natural position. Model should be 3-4 inches past the styloid.

___ **Work Order** with measurements and color choices completed.

___ Measurement from shortest or lowest point on socket opening to the tip of the thumb.

___ Socket with inner hand or “paddle” (2” wide, 3” long, ¾” thick is best) attached. Need approx. 3 weeks after we receive the hand impression. If foam is required, please have that done at central fab. We will need the mechanical the hand to set inside the silicone hand prior to being joined to the socket.

___ Color-true photos **taken on our color background** (available on our web site @ www.artechlab-prosthetics.com). Photos should include palmer and dorsal of “sound” hand, a close up of the nails (**without polish**), and underside and outer side of forearm and upper arm. You may refer to “Photo and Model Policy”, also available on our web site. Photos are needed up-front since we need a “base” color (the lightest color, most usually on the palm of the hand, to color the silicone.

AE or BE Myos

___ **Lab plaster (not plaster bandage)** model of “sound” hand. Model should be 3-4 inches past styloid.

___ Electronic hand (so we can make sure we sculpt to accommodate). Wrist rotator notation or other info we might need to know.

___ Measurements & color choices filled out on **Work Order**.

___ Color choices, with patient input, filled out on **Work Order**.

___ Color-true photos taken on our color background (available on our web site @ www.artechlab-prosthetics.com). Photos should include palmer and dorsal of “sound” hand, a close up of the nails (**without polish**), and underside and outer side of forearm and upper arm. You may refer to “Photo and Model Policy”, also available on our web site. Photos are needed up-front since we need a “base” color (the lightest color, most usually on the palm of the hand, to color the silicone.

___ Socket and mechanical needed approx. 3 weeks after we receive the hand model. “Skin” will be applied over whatever type socket you send to us. If foam is required, please have that done at central fab. We will need the mechanical the hand to set inside the silicone hand prior to being joined to the socket.