### ARTech Laboratory

309 W. Avenue F

Amputee Restoration Technologies Midlothian, Texas 76065

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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	<u> </u>
Please complete all applicable profile/ diagra	am specifications and send this work order along with
required models, pho	otos, 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) ).\_\_\_\_\_ (Scalp to outside rim of ear,

# ARTech Laboratory, Inc. Checklist

## <u>Ear</u>

Please read "Ear Casting Procedure"
Please read "Photographic Policy"
Photos taken of both sound & affected sides before casting.  Lab plaster model of sound side.  Dental stone model of residual affected side.  Color choices filled out on Work Order
Lab plaster model of sound side.
Dental stone model of residual affected side.
Color choices filled out on Work Order
Measurements filled out on Work Order
We only fabricate ear prostheses that have adhesive retention.
If patient has had a prosthesis previously, it would be helpful to us to have it, or at least a photo of it. They usually want the new prosthesis to look similar to the one they are using now unless there is some problem with the current one.
We do not need a lot of photos that are different colors. One or two prints of each angle, if they are color-true, will be sufficient.

web site.