

ARTech Laboratory

Amputee Restoration Technologies

309 W. Avenue F

Midlothian, Texas 76065

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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***

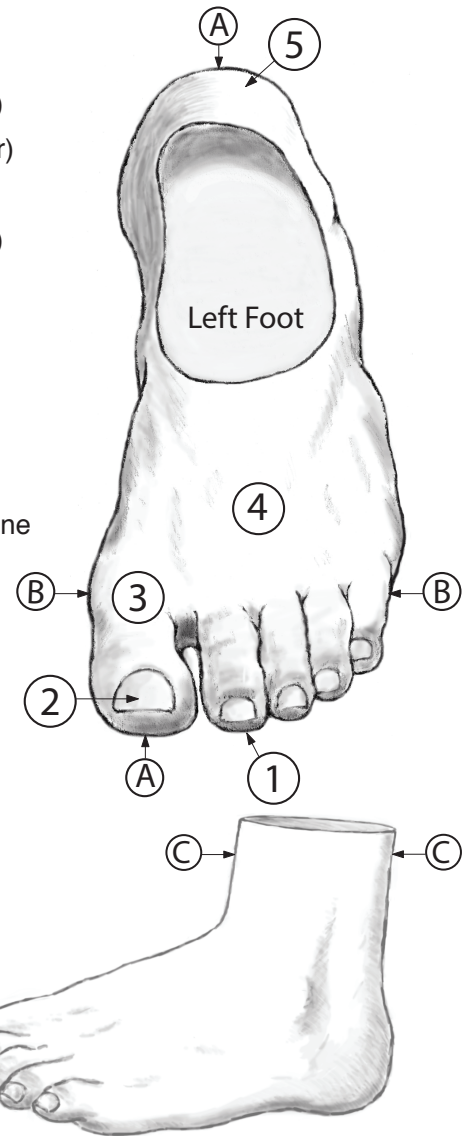
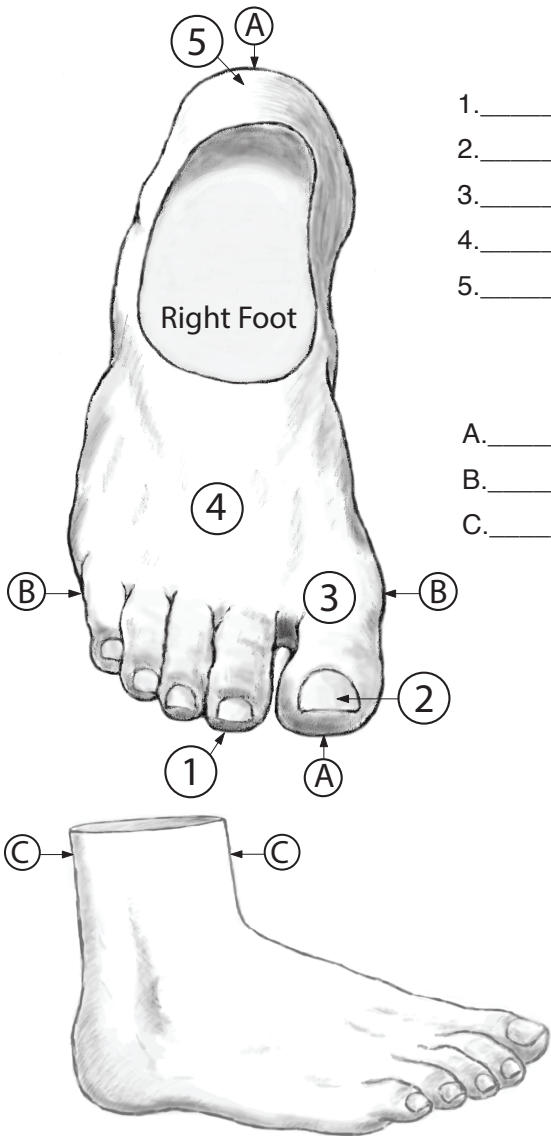
Please complete all applicable profile/ diagram specifications and send this work order along with required models, photos, special instructions, etc.

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



**ARTech Laboratory, Inc.
Checklist**

Feet, Partial Feet, Forefeet, and Toes

- _____ **Dental stone** model of “affected” side, taken in the **full weight bearing position with the leg vertical**. Model should be made 3 to 4 inches above ankle. **See “Important Tips” on web site.**
- _____ **Lab Plaster (not plaster bandage)** model of “sound” side, **taken in the full weight bearing position with the leg vertical**. Model should be made 2 to 3 inches above the ankle. ***Also, a tracing of sound side.***
- _____ Measurements filled out on Work Order
- _____ Color choices filled out on Work Order
- _____ **Toes will be split for sandals unless otherwise noted.**
- _____ **Very Important:** ***provide smallest shoes that patient would like prosthesis to fit into.***
What will fit into a tennis shoe will probably NOT fit into a dress shoe. Silicone doesn’t compress like flesh.
- _____ Color-true photos taken on the ARTech background. If photos are taken from the Color Chart printed from our web site, please include it with models. We need both a top and bottom view, both sides, and a close up of the nails ***without polish.*** **See “Photo Policy” on web site.**
- _____ Make note of any additional information, like sensitive spots, extra support, build up, etc. on the Work Order **and model.**

BK's and AK's

_____ **Lab Plaster** model (**not plaster bandage**) of “sound” foot, 3 to 4 inches above the ankle, and taken in the weight bearing position.

_____ Socket with foam sculpted to match shape of patient’s leg. We do not have foam shaping tools, nor do we know the shape of the patient’s leg. *Also a tracing of the sound foot. See “Important Tips” on the web site.*

_____ Toes will be split unless otherwise noted.

_____ Measurements filled out on Work Order

_____ **Shoe size – foot shell should be two sizes smaller.**

_____ Color choices filled out on Work Order.

_____ Color-true photos taken on the ARTech Color Chart background by email, prints or USB. If photos are taken using a Color Chart printed from our web site, please include it with models. If prints, compare to patient’s skin tones and circle the areas that most closely match. We need a view from all angles and a close up of the nails without polish. Please include photos of the upper leg also, especially if it is an AK. *See “Photo Policy” on web site.*

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.

It is not necessary to return the color chart with the models, unless it was printed off our web site.

When fabricating sockets, please try to duplicate the patient’s sound side measurements as closely as possible and allow for 2mm thickness of silicone skin.

The very best way to ship stone models is to wrap them (after drying) in a bubble.