

14ELMT

[CARBON DIVISION]

12.0106
1086,45

6
+4
+3
+2
+1
-1
-2
-3

C
Carbon

Carbon Work Order

FOR INTERNAL USE ONLY

Date Received: _____

Estimated Date
of Completion: _____

DTA: _____

Patient Name: _____

Clinician Name: _____

E-mail: _____

Mobile: _____ Office: _____

Company Name: _____

Address: _____

PO#: _____

LIMB

[Mark all that apply per device.]

Affected Side: **L** **R** **Bi** Amputation Level: _____

DEVICE

PLEASE CONTACT
CLINICIAN FOR DETAILS:

YES
 NO

Service Required:

- Test Frame
- Thermoplastic Socket
- Definitive Frame
- Modification
- Repair

Type of Device:

- Myo-Electric
- Body-Powered
- Activity Specific
- Passive
- Hybrid
- Other _____

SOCKET

Material:

- 14ELMT Silicone
- Ameriflex
- Proflex
- Proflex with Silicone
- Other _____

Thickness:

- 1/8
- 5/32
- 3/16
- 1/4

Color:

- Clear
- Black
- Other _____

Lock:

- Pin Lock
- Other _____

Valve:

[GREEN DOT] [MAG] [PEE WEE®] [OTHER]

If 'Other' please specify _____

PLEASE
CHECK
ONE

Suspension Options:

- Air Expansion Hole
- Pull Hole
- Pull Tube

[LARGE]

[SMALL]

PLEASE
CHECK
ONE

TEST FRAME

Material:

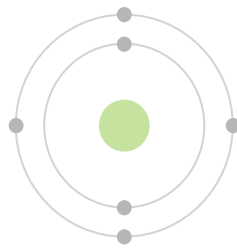
- Durrplex / Vivak
- ProComp
- Other _____

Thickness:

- 1/8 1/4
- 5/32 3/8
- 3/16

Color:

- Clear
- Black
- Other _____



DEFINITIVE FRAME

Material:

- Carbon Fiber
- Fiberglass
- Other _____

UNIDIRECTIONAL CARBON REINFORCEMENT
 [Please specify in Notes Section and/or on model or frame.]

Thickness:

- 1/8
- 5/32
- 3/16
- 1/4
- 3/8

Resin Color:

- Black
- Custom Color _____
- Flesh Tone

PLEASE
CHECK
ONE

- [MATCH 14ELMT SILICONE]
- [MATCH INCLUDED GLOVE]
- [MATCH SWATCH]

CUSTOM COSMETIC OPTIONS

[Please supply additional details in Notes Section and/or via Email: FABRICATION@14ELMT.COM]

- Clear Coat
- Paint - Solid Color
- Fred's Legs Custom Image
- Vinyl Lettering/Image/Design
- Vinyl Wrap
- Paint - Multiple Colors/Design
- Other _____

INTERNALS/HARDWARE

[Please check all that apply.]

Electrodes:

- O.B.
- M.C.
- T.B.
- Steeper
- Other _____

Battery System:

- O.B.
- M.C.
- T.B.
- Steeper
- Taska
- Other _____

Rotator:

- O.B.
- M.C.
- T.B.
- Other _____

Wrist:

- O.B. QD
- T.B.
- Other Myo _____
- Body-powered _____

Digits:

- iLimb
- Vincent
- Naked Prosthetics
- Point Designs
- Other _____
- Thumb
- Thumb
- Thumb
- Thumb
- Thumb
- Digits (x) _____
- Digits (x) _____
- MCP (x) _____
- Partial (x) _____
- Digits (x) _____
- PIP (x) _____
- Mini (x) _____
- Point Digit (x) _____

Elbow:

- Ergo
- Dynamic Arm
- Utah
- Hosmer
- Other _____

Shoulder:

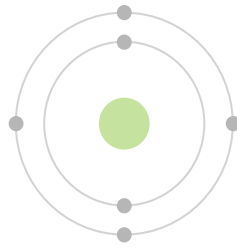
- College Park
- Hosmer
- Other _____

Add-Ons:

- Harness: Figure of 8
- Harness: Figure of 9

PLEASE SPECIFY DETAILS IN NOTES SECTION FOR ANY SELECTIONS BELOW THIS LINE:

- Custom Forearm Frame
- Customer Forearm Protective Fairing
- Custom Trans-Humeral Frame
- Ratchet Strap
- Click Medical REVOFIT System



NOTES

Large empty rectangular area for taking notes, enclosed in a rounded green border.

14ELMT SUBMIT WORK ORDER

Please send any additional reference material (i.e. photos, sketches, etc.) to: FABRICATION@14ELMT.COM

FOR INTERNAL USE ONLY

TECHNICIAN SIGNATURE

COMPLETION DATE