

# 14ELMT

28.085 14  
786.52

Si  
Silicon

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

Patient Name: \_\_\_\_\_  
Clinician Name: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Mobile: \_\_\_\_\_ Office: \_\_\_\_\_ Ext: \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
PO#: \_\_\_\_\_

## Silicone Work Order

FOR INTERNAL USE ONLY

Date Received: \_\_\_\_\_  
Estimated Date of Completion: \_\_\_\_\_  
DTA: \_\_\_\_\_

### LIMB

[Mark all that apply per device.]

Affected Side:      **L**                      **R**                      **Bi**

Amputation Level: \_\_\_\_\_  
\_\_\_\_\_

### Limb Conditions:

- Edema
- Highly Mobile Tissue
- Neuroma
- Scar Tissue
- Other \_\_\_\_\_

### DEVICE

#### Service Required:

- Test Liner
- Definitive Liner
- Duplicate
- Modification
- Repair

#### Type of Device:

- Myo-Electric
- Body-Powered
- Activity Specific
- Passive
- Hybrid
- Other \_\_\_\_\_

#### Please contact clinician for details:

- YES       NO

### SILICONE OPTIONS

#### Injected Silicone [RTV]

Shore Value \_\_\_\_\_  
Thickness \_\_\_\_\_  
Color \_\_\_\_\_

#### Finish:

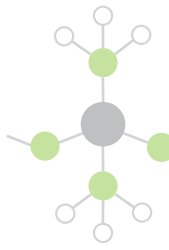
- Textured
- Smooth

#### Rolled Silicone [HTV]

Shore Value \_\_\_\_\_  
Thickness \_\_\_\_\_  
Color \_\_\_\_\_

#### Anti-Elongation:

- YES *...Please indicate on test liner.*
- NO



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## ADD-ONS

### Electrodes:

- O.B.
- M.C.
- T.B.
- Steeper
- Other \_\_\_\_\_

### Frame Attachment:

- M4 Housings (x) \_\_\_\_\_
- Distal Pin (*umbrella provided by clinician*)
- Shuttle Lock
- Embedded fabric for direct bond to carbon fiber
- Other \_\_\_\_\_

### Donning Options:

- Air Expulsion Hole
- Pull Hole
- Pull Tube

PLEASE CHECK ONE ..... [ LARGE ]  
 ..... [ SMALL ]

### Suspension:

- Air Bladder
- Anatomical
- Valve

PLEASE CHECK ONE ..... [ GREEN DOT ]  
 ..... [ MAG ]  
 ..... [ PEE WEE® ]

## NOTES

**14ELMT** SUBMIT WORK ORDER

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

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TECHNICIAN SIGNATURE .....

COMPLETION  
DATE .....