



In Lab use only	
Carve File	
Carve File	
Foam Blank	

In Lab use only	
PT#	
PO#	
Claim#	

## LOWER PROSTHETICS FABRICATION FORM

Patient Name:				ID#:	PO#:	<b>Due Date</b> (mm/dd/yy)	
Male	Female	Age:	Weight:	Height:			
				Diagnosis:			
Company Name:					Contact Name:		
Shipping Address:					Phone:	Ext:	
Billing Address:					Email:		
Shipping:	Ground	3Day Select	2nd Day Air	2nd Day Air A.M.	Next Day Air Saver	Next Day Air	UPS account#

### JOB SPECIFICATIONS

SOCKET TYPE	Affected Side:	Bilateral	Left	Right
Transfer    Pour & Strip Cast    Pour, Needs Mods.    Foam Carving	Activity Level:	K1	K2	K3    K4

Flexible Inner	Material	Thickness:	
		Thickness:	
Color / Sleeve		Endoskeletal	Blister
Componentry		Exoskeletal	Drape
Socket Attachment			
Pyramid	Receiver	Rotatable	Stomper    N/A,Static
PYLON		30mm	34mm    Tube Clamp
SUSPENSION			
SHUTTLE LOCK	Space only		
SUCTION VALVE	Install		
SLEEVE			
ADJ. SOCKET	Type:		

AK BRIM STYLE
WestCoast 1
WC Soft (Std.)
WC Ossur Style
WC HI-Fi
Other:
DISTAL END SHAPE
Round
Conical
Flat
Other:

Measurements	
Foot Size:	
KC/MTP to Floor:	
IT to Floor:	
Limb Length:	
ML:	
AP:	
PML:	
Alignment	
Neutral:	Deg/Amt.
Add.	Abd.
Flex.	Ext.
Outset	Inset
Ant	Post

COMPONENTS ORDERED <small>Manufactures &amp; Model</small>	Foot:	
	Knee:	
	Elevated Vacuum Pump:	

SET UP:
on Components
on Stomper
Set up in office

Circumferences	
4"	6"
3"	7"
2"	8"
1"	9"
IT/MTP	10"
1"	11"
2"	12"
3"	13"
4"	14"
5"	15"

**Additional Information**

Sent back mold/socket

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.

**CONTACT US:** PHONE: 813.514.4409  
FAX: 813.565.0994

**ORDERING:** orders@wcbllfab.com

**SHIPPING ADDRESS**  
Westcoast Brace & Limb Fabrication  
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[wcbllfab.com](http://wcbllfab.com)

