

In Lab use only	
Carve File	
Carve File	
Foam Blank	

In Lab use only	
PT#	
PO#	
Claim#	

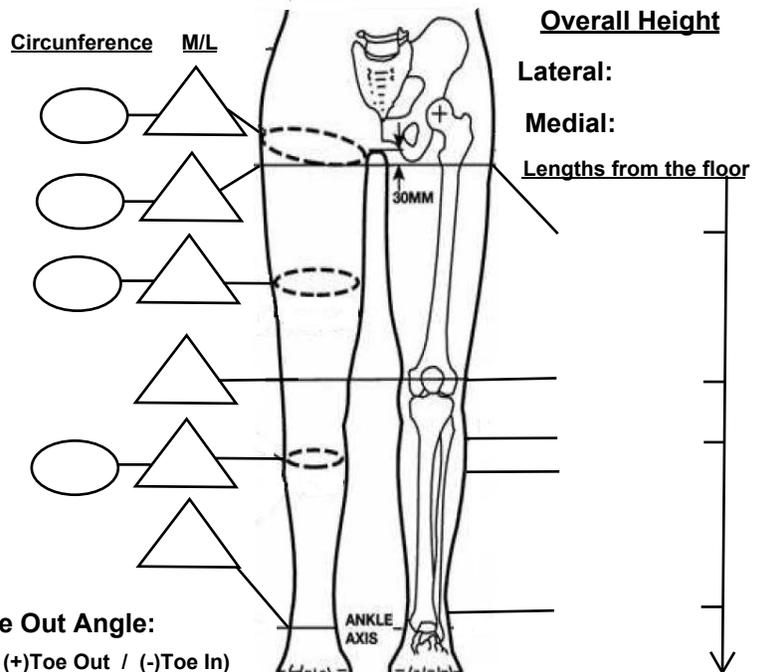
## METAL LOWER LIMB FABRICATION FORM

Patient Name:			ID#:	PO#:	<b>Due Date</b> (mm/dd/yy)	
Male	Female	Age:	Weight:	Height:		
Affected Side:    Bilateral    Left    Right			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

## JOB SPECIFICATIONS

DEVICE TYPE		AFO Design		KAFO Design	
<b>AFO</b>	<b>KAFO</b>	<b>Stirrup:</b>	Split Caliper Solid NYU UCB	Long Tongue Wide Tongue	<b>Knee Joint Part #:</b>
<b>Shoe Info</b>		<b>Ankle Joint:</b>	<b>Ball Retainers:</b> Yes    No		
Shoe Status:    Shoe sent w/tracing		<b>Motion Desired:</b>	<b>Lock Release:</b>		
<b>Shoe Modifications</b>		<b>Straps</b>		<b>Location:</b>	
<b>Rocker Sole:</b> Toe Only    Heel to Toe		Full Knee Cap    4-post    5-post Knee Control Strap		<b>Bar</b>	
<b>Lifts:</b> Affected Side    Height: Sound Side		<b>T-Strap:</b>		<b>Upright:</b>	
<b>Outflares:</b> Medial    Lateral (** 1/2 is Standard)		<b>Leather Color:</b>		<b>Material:</b>	
				<b>Size:</b>	

**Additional Instructions:**



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**  
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