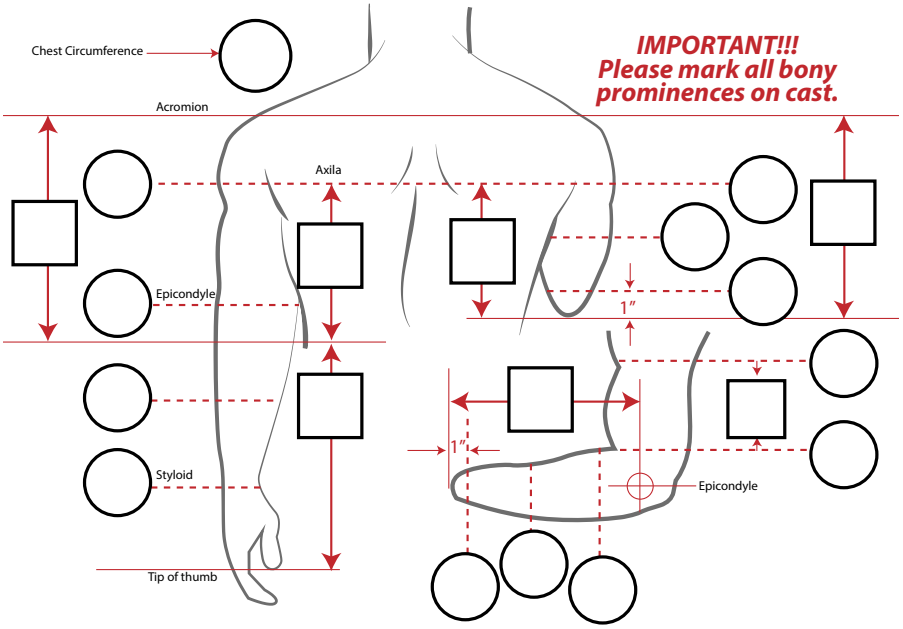
G • R • A • C • E
PROSTHETIC
FABRICATION, INC.
"Dedicated to Excellence"

Upper Extremity Order Form

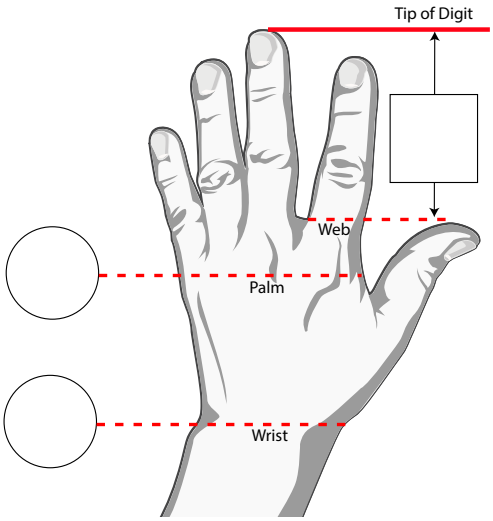
EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

*NAME OF PATIENT:*_____ *CONTACT PHONE:* _____
PO# _____ *TODAY'S DATE:* _____ *REQUESTED BY DATE:* _____
CLINIC NAME: _____ *PRACTITIONER'S NAME:* _____
SHIP TO ADDRESS: _____ *CITY:* _____ *STATE:* ____ *ZIP:* _____
SHIP VIA UPS: GROUND /3DAY/2DAYAM /2ND DAY /NEXT DAY /NDS /NDAM *SHIPPER ID:*_____

PATIENT AGE:____ M / F HEIGHT: ____ WT: _____
Prosthesis Type:_____ LEFT / RIGHT
ACTIVITY LEVEL: 1 2 3 4



IMPORTANT!!!
Please mark all bony prominences on cast.



PLEASE CLEARLY MARK YOUR SELECTIONS

Length Axilla to Epicondyle: _____**inches**
Length Epicondyle to End of Wrist: _____**inches**
Length Cable to Hook Adaptor: _____**inches**

SPECIAL FEATURES/ NOTES:_____
_____

Standard Weight / Heavy Duty **Size of Hand** _____ **Cosmetic Glove** _____
Color # _____

Limb Color: Caucasian / Negroid / Lt Brown / Med Brown / Dark Brown

ADDITIONAL INSTRUCTIONS: _____
_____
_____
_____
_____