WORK ORDER

COMPANY NAME: _____

PATIENT NAME: _____

PRACTIONER: _____ CONTACT # OR EMAIL _____

ORTHOTIC: RIGHT ☐ LEFT ☐ BILATERAL ☐ TYPE: _____

PROSTHETIC: RIGHT ☐ LEFT ☐ BILATERAL ☐ AK ☐ BK ☐

CARVING ☐ CHECK SOCKET ☐ ORFITRANS STIFF SOCKET ☐ POLYPROPYLENE SOCKET ☐

LAMINATION/COLOR ☐ / _____ DUE DATE: _____ PO# _____

FABRICATION INSTRUCTIONS:

_____

_____

_____

_____

_____

_____

FOR GRUBBS O&P LABS USE:

DATE RECEIVED: _____

COMPONENTS ORDERED BY GRUBBS O&P:

_____

_____

_____

_____

_____

DATE SHIPPED: _____ SIZE: ___x___x___ WEIGHT _____#_____

NDA _____ NDAS _____ 2ND _____ 2ND AM _____ 3 DAY _____ GROUND _____