



**High Plains
Orthotics & Prosthetics
Central Fabrication**

2607 Wolflin Ave, PMB #101 Amarillo, Texas 79109 •(806) 353-7276 •(806)353- 7539 {fax}
highplainsoandp@yahoo.com website: www.orthoticnprosthetic.com

METAL AFO/KAFO WORK ORDER

Company Name: _____		PO#: _____	
Ship to Address: _____			
City: _____		State: _____	Zip: _____
Contact: _____		Phone #: _____	Fax #: _____
Patient Name: _____		Age: _____	
Height: _____	Weight: _____	Diagnosis: _____	
Side Affected: Right	Left	Activity Level: 1 2 3 4	
Ship VIA:	UPS Ground	UPS 2-Day	UPS 3-Day
	UPS-Next Day	UPS Saver	

METAL AFO FABRICATION:

- Single Upright Medial
- Lateral
- Double Upright
- Attach Shoe (Provided)
- Split Stirrup
- Solid Stirrup
- T-Strap Medial
- Lateral
- Full Cuff
- Half Cuff
- Molded Calf Lacer

LEATHER COLOR:

- Black Elk
 - Taupe Elk
 - Brown Elk
 - Smoke Elk
- SIZE**
- 3/16 x 5/8
 - 1/4 x 5/8
 - 3/16 x 3/4
 - 1/4 x 3/4
 - Aluminum
 - Stainless Steel

Degree of Toe-In _____ Medial _____ Lateral
 Degree of Toe-Out _____ Medial _____ Lateral

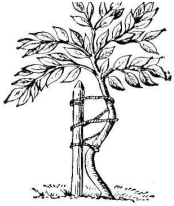
Ankle Joint: _____

METAL KAFO FABRICATION:

- Single Upright Medial
- Lateral
- Double Upright
- 4 Buckle Knee Pad
- 5 Buckle Knee Pad
- Subpatella Strap

Knee Joint: _____

Special Instructions: _____



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CROW WALKER ORDER FORM

Company Name: _____		PO#: _____	
Ship to Address: _____			
City: _____		State: _____ Zip: _____	
Contact: _____		Phone #: _____ Fax #: _____	
Patient Name: _____		Age: _____	
Height: _____		Weight: _____	
Diagnosis: _____			
Side Affected: Right Left		Activity Level: 1 2 3 4	
Ship VIA: UPS Ground		UPS 2-Day UPS 3-Day UPS-Next Day UPS Saver	

- Crow Walker with Liner
- Add PTB Features

Cast Corrections

- Leave as casted
- Correct to 90°

Posterior Plastic

- PolyPro 3/16" 1/4"
- Color _____
- CoPoly 3/16" 1/4"
- Color _____

Anterior Plastic

- PolyPro 1/8" 3/16"
- Color _____
- CoPoly 3/16" 1/4"
- Color _____

Liner

- Pink Plastazote 1/4"
- Aliplast 1/8" 3/16" 1/4"

Insole Material

- Pink Plastazote 1/2"
- PPT 1/8"
- Other _____

Straps

- 1 1/2" 2"
- Dacron Reinforced
- Color: Black White

Special Instructions: _____



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ORTHOTIC WORK ORDER FORM

Company Name: _____ PO#: _____
 Ship to Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____ Phone #: _____ Fax #: _____
 Patient Name: _____ Age: _____
 Height: _____ Weight: _____ Diagnosis: _____
 Side Affected: Right Left Activity Level: 1 2 3 4
 Ship VIA: UPS Ground UPS 2-Day UPS 3-Day UPS-Next Day UPS Saver

Orthosis Type:

- UCBL
- SMO
- AFO
- Floor Reaction
- KAFO
- KO
- WHO
- Fracture

Cast Correction:

Forefoot

- Leave as Casted
- Correct Abduction
- Correct Adduction
- Correct Supination
- Correct Pronation

Ankle

- Leave as Casted
- To 90°
- To _____° Plantarflex
- To _____° DorsiFlexion
- Varus/Valgus to Neutral

Plastic:

- PP 3/32 3/16 1/4
- PE 1/8 5/32 3/16
- CoPoly 1/8 5/32 3/16 1/4
- Other: _____

AFO Type

- Solid
- Semi-Rigid
- PLS
- Articulated (select below)
 - Oklahoma S M L XL
 - Tamarac
 - Tamarac Dorsi 75 85
 - Double Action
 - Rods Springs
 - Other

Ankle Joint Stops

- Posterior Stop
- Plastic
- Other _____

Trimlines:

- Low ML Foot
- Club Trim
- Full Toe Plate
- Prox to Mets
- Sulcus
- Roll Proximal Calf
- As Shown on Back of Form

AFO Add Ons

- Forefoot Post M L
- Hindfoot Post M L
- Ankle Strap
- Carbon Inserts
- Foam Lining
 - Aliplast 1/8 3/16
 - Plastazote 1/8 3/16
 - Partial (as Drawn)
- Paper Transfer (Specify) _____

KAFO Joint:

- Free Motion A B C
- Drop Lock A B C
- Offset A B C
- Bail A B C
- Step Lock
- Other _____

Upright Material:

- Aluminum
- Stainless Steel
- Thickness: _____

Contoured Joint Heads

- Medial Contour Lower
- Lateral Contour Lower

KAFO Add Ons

- Medial Extension-Calf
- Lateral Extension-Calf
- Medial Extension-Thigh
- Lateral Extension-Thigh
- Roll Proximal Thigh
- Subpatella Strap
- Knee Pads
 - 4 Buckle
 - 5 Buckle
- Paper Transfer (Specify) _____

Special Instructions: _____

PLEASE INCLUDE DRAWINGS ON BACK OF FORM



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ABOVE KNEE PROTHETIC WORK ORDER

Company Name: _____ PO#: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone #: _____ Fax #: _____

Patient Name: _____ Age: _____

Height: _____ Weight: _____ Diagnosis: _____

Side Affected: Right Left Activity Level: 1 2 3 4

Ship VIA: UPS Ground UPS 2-Day UPS 3-Day UPS-Next Day UPS Saver

Socket:

- Test Socket
- Preparatory Socket
- Definitive Socket
- Transfer and Finish

Design:

- Exoskeletal
- Endoskeletal

Socket Attachment:

- None
- Pyramid
- 4 Hole Plate
- 4 Hole Block
- Other _____

Suspension:

- TES Belt Suspension
- Shuttle Lock _____ Type _____
- Suction Valve _____ Type _____
- Hip Joint/Pelvic Band
- Selesian Band

Insert/Liner Material:

- Pelite - Distal Pad Y / N
- Bocklinter - Distal Pad Y / N
- Thermoplastic – Specify Type
 - PE Proflex w/silicone
 - Bioelastic Other _____

Socket and/or Frame Material:

- Clear
- Poly-Pro 1/8" 3/16" 1/4" 3/8"
- Co-Poly 1/8" 3/16" 1/4" 3/8"
- AME/Epoxy
 - Lay-Up
 - Light
 - Standard
 - Heavy
 - Color: _____

Knee Provided: _____

Cover:

- Yes
- No
- Type
 - Otto Bock
 - Pre-shaped
 - Other _____
 - Color _____

Skin Type: _____

Thickness: 1/8" 3/16" 1/4" 3/8"



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BELOW KNEE PROSTHETIC WORK ORDER

Company Name: _____		PO#: _____
Ship to Address: _____		
City: _____	State: _____	Zip: _____
Contact: _____	Phone #: _____	Fax #: _____
Patient Name: _____		Age: _____
Height: _____	Weight: _____	Diagnosis: _____
Side Affected: Right Left Activity Level: 1 2 3 4		
Ship VIA:	UPS Ground	UPS 2-Day
		UPS 3-Day
		UPS-Next Day
		UPS Saver

Socket:

- Test Socket
- Preparatory Socket
- Definitive Socket
- Transfer and Finish

Design:

- Exoskeletal
- Endoskeletal

Socket Attachment:

- None
- Pyramid
- 4 Hole Plate
- 4 Hole Block
- Other _____

Suspension:

- Cuff Strap
- Shuttle Lock _____ Type _____
- Supra-Condylar
- Supra-Condylar / Supra-Patellar
- Expulsion Valve Type _____
- Sleeve

Insert/Liner Material:

- Pelite - Distal Pad Y / N
- Bocklinter - Distal Pad Y / N
- Thermoplastic – Specify Type

- PE
- Proflex w/silicone

Socket and/or Frame Material:

- Clear
- Poly-Pro 1/8" 3/16" 1/4" 3/8"
- Co-Poly 1/8" 3/16" 1/4" 3/8"
- AME/Epoxy

Lay-Up

- Light
- Standard
- Heavy

Color: _____

Cover:

- Yes
- No

Type

- Otto Bock
- Pre-shaped
- Other _____

Color _____

Skin Type: _____

- Bioelastic
- Other _____
- Thickness: 1/8" 3/16" 1/4" 3/8"



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FOOT ORTHOTIC WORK ORDER

Company Name: _____ PO#: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone #: _____ Fax #: _____

Patient Name: _____ Age: _____

Height: _____ Weight: _____ Diagnosis: _____

Side Affected: Right Left Activity Level: 1 2 3 4 Shoe Size: _____ Shoe Type: _____

Ship VIA: UPS Ground UPS 2-Day UPS 3-Day UPS-Next Day UPS Saver

TYPE OF ORTHOTIC:

- Thermoplastic
 - Flexible
 - Semi Rigid
 - Rigid
- Graphite
- Cork & Leather
- E.V.A & Plastazote

HEEL CUP DEPTH:

- 10mm (Shallow)
- 14mm (Average)
- 20mm (Deep)
- Other _____mm

TOP COVER:

- 1/8" EVA Confetti
- 1/8" P-Cell
- 1/8" EVA
 - Black
 - Green
 - Blue
- Spenco
- Leather
- Vinyl

TOP COVER LENGTH:

- To Mets
- To Sulcus
- Full Length
- No Cover

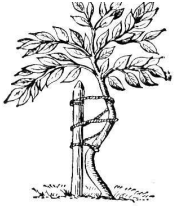
ADDITIONS:

- Heel Lift _____" L R
- Heel Pad L R
- Heel Spur Pad L R
- Metatarsal Pad ___S ___M ___L L R
- Metatarsal Bar L R
- Morton's Extension L R
- Heel Posting L R
- Fore Foot Posting L R
- Heel Wedge _____" Medial Lateral L R
- EVA Arch Fill L R

ARCH FILL:

- Existing Arch
- Slight
- Medium
- Maximum

Additional Instructions: _____



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ORTHOMIS WORK ORDER

Company Name: _____ PO#: _____

Ship to Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Phone #: _____ Fax #: _____

Patient Name: _____ Age: _____

Height: _____ Weight: _____ Diagnosis: _____

Side Affected: Right Left Activity Level: 1 2 3 4

Ship VIA: UPS Ground UPS 2-Day UPS 3-Day UPS-Next Day UPS Saver

Height:

- Standard (5" above lateral malleolus)
- Other: _____

Color:

- Sand
- Black
- Brown
- White

Closure:

- Laces
- Velcro
- Boot Hook
- Speed Laces
- Combination

Forefoot:

- Leave as Casted
- Correct Abduction
- Correct Adduction
- Correct Supination
- Correct Pronation
- Varus/Valgus to Neutral

Ankle:

- Leave as Casted
- To 90°
- To _____° Plantarflex
- To _____° DorsiFlexion
- Varus/Valgus to Neutral

Ankle Joint (Tamarck):

- Free Motion
- Dorsi-Assist
- Plantar Stop

Special Instructions:
