GRACE Prosthetic Fabrication Inc.
CELEBRATING 30 YEARS

CAD-CAM / Test Socket 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: ______ *PRACTIONER'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: ______ COLOR: ______

PRODUCTION: CAD-CAM / Test Socket / BOTH
ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS

Color: Caucasian / Brown / Other ______ Color Swatch # ______ Shoe Size ______

Heel Height: ______ Foot Length: ______ Ischial Tuberosity to Floor: ______ Knee Center: ______

MPT to Floor: ______ Pelvic Circumfrence: ______ Calf: ______ Ankle: ______

Fabrication Instructions: ______

CAD-CAM MEASUREMENTS:

RESIDUAL LIMB MEASUREMENTS: ______ SUCTION: ______ PARTIAL: ______

BRIM STYLE: (Circle One) QUAD / NML / SNML / AGGRESSIVE / Other: ______

0 - ______ 12 - ______
2 - ______ 14 - ______
4 - ______
6 - ______
8 - ______
10 - ______

AK / BK / LEFT / RIGHT / BI-LATERAL

* One Form Per Measurement please

Additional Instructions: ______

Grace Prosthetic Fabrication
Property of
2020

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