

Fillauer Upper Extremity Prosthetics

Practitioner _____ Branch Name _____
 PO# _____ Date: _____ Ship Via: _____
 Address _____
 City _____ State _____ Zip _____

Fillauer LLC

Tel: 800.251.6398
 Fax: 423.698.6076
 2710 Amnicola Highway
 Chattanooga, TN 37406



Patient Information

Patient's Name _____
 Age _____ Sex _____ Weight _____ Height _____
 Amputation Cause: _____ Date _____
 Amputation Level: _____ Right Left
 Caucasian Brown Other Previous Prosthesis Worn? Yes No Shade# _____
 (If this is a Replacement Prosthesis, please include measurements from old prosthesis on a separate form)
 Is the Prosthesis to be shipped Ready for Fitting? Yes No Date _____

Socket

Open Socket End Bearing Split Socket
 Part# _____ Part# _____ Part# _____
 Model _____ Model _____ Model _____
 Lightweight Standard Weight Heavy Duty
 Special Inst: _____

Joint Type

Wrist Elbow Hinge
 Part# _____ Part# _____ Part# _____
 Model _____ Model _____ Model _____
 Check Here for Lift Assist
 Special Inst: _____

Terminal Device

Hook Hand Glove
 Part# _____ Part# _____ Part# _____
 Model _____ Model _____ Model _____
 Special Inst: _____

Include

Harness Cuff Cables
 Part# _____ Part# _____ Part# _____
 Model _____ Model _____ Model _____
 Other Accessories: _____
 Special Inst: _____

