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## FAB RITE 360 PROSTHETICS AND SILICONE LAB

Phone: (951)588-8774

### Contact Information

Clinician Name:	PO #:
Phone:	Email:
Bill to:	Additional Notes:

### Patient Information

Patient Name:	Gender: M / F	Left / Right	Activity Level:
	Age:	Ht: Wt.	Light / Medium / Heavy

### Build Information (circle or check)

Amputation Level: WD ED TR TH	PH SD	DEFINITIVE: ___	DIAGNOSTIC: ___	MYO: ___	BP: ___
Socket Interface	Measurements				
Clear Proflex: ___	Axilla - Elbow Ctr =		Suspension		
White Proflex: ___	Lat EP - End of wrist =		PH Information		
Black Proflex: ___	Lat EP - Thumb tip = (Hand must be in house)		Type of digit: _____		
Silicone: ___ Color: ___	Circumference:		Lock: _____		
Other: _____	Mid Humeral = Mid Forearm =		Other: _____		
None: _____	Wrist =		Pull tube: SM ___ LG ___		
Frame	Additional Notes:		Suspension Band: _____		
Carbon Finish: _____	If yes, please indicate style and description below in notes				
Pigment/Color: _____					
Fabric: _____					

Please note our standard turn around time is approximately 10 days from the day the job is received. Shoulders and elbow disartics are exceptions requiring longer fabrication time.

All projects must be called in to be scheduled. Please contact us at (951) 588-8774 with any questions.