



**MOUNTAINVIEW
PROSTHETICS INC.**

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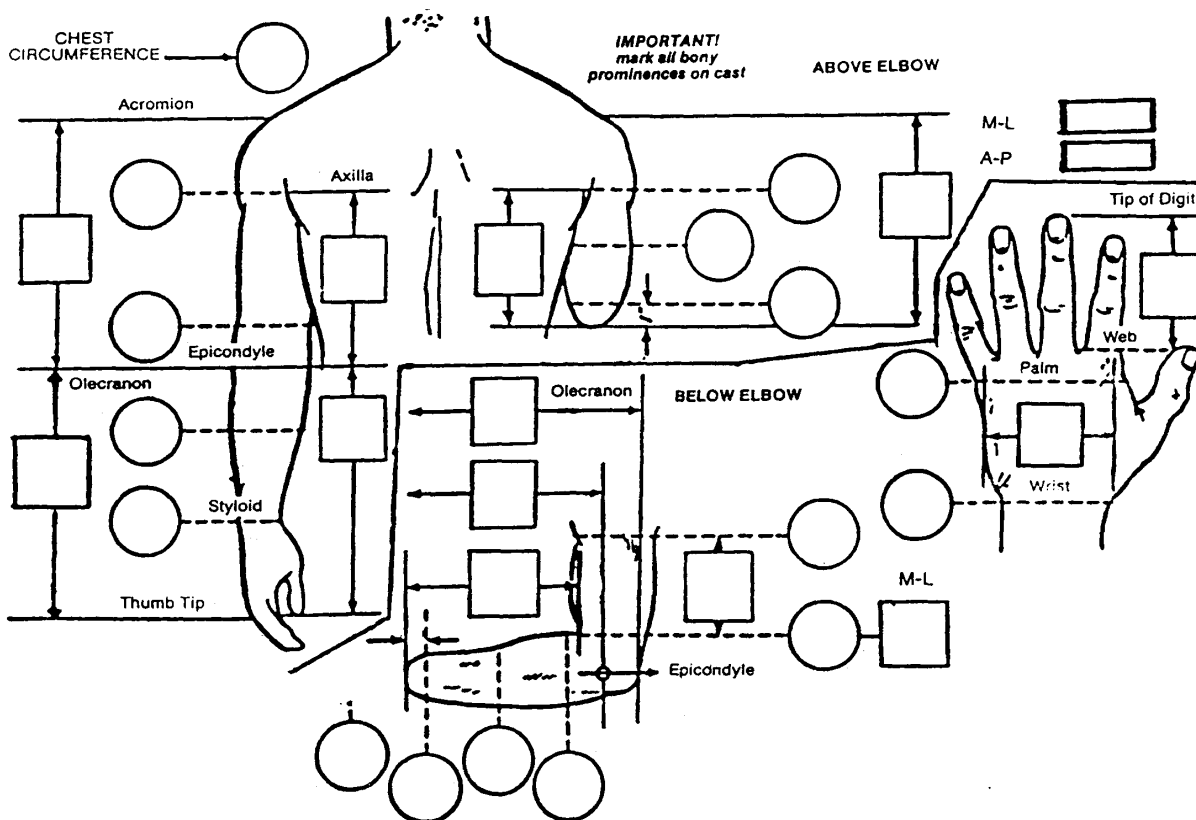
UPPER EXTREMITY

Company Name: _____	Shipping Address: _____
Company Address: _____	_____
Phone: _____	_____
Clinician: _____	P.O.# _____ Date Due: _____

Patient Name: _____

Male or Female Lt Rt Blat Caucasian or Negroid (Other: _____) Endo or Exo

Height: _____ Weight: _____ Age _____ Occupation: _____



- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Cast Preparation <input type="checkbox"/> Cast Modification <input type="checkbox"/> Check Socket <input type="checkbox"/> Socket Acrylic <input type="checkbox"/> Complete Acrylic <input type="checkbox"/> Add Split Socket <input type="checkbox"/> Add Flexible Liner <input type="checkbox"/> Install Flexible Hinge <input type="checkbox"/> Install Lift Assist <input type="checkbox"/> Install Single Pivot Hinge | <ul style="list-style-type: none"> <input type="checkbox"/> Install Polycentric Hinge <input type="checkbox"/> Install Cuff & Y Strap <input type="checkbox"/> Install Hook to Hand Adapter <input type="checkbox"/> Install Cable and Housing <input type="checkbox"/> Install HD Cable and Housing <input type="checkbox"/> Add Custom Northwestern Ring Harness <input type="checkbox"/> Setup for Fit with no Hinges <input type="checkbox"/> Setup for Fit with Flex Hinges <input type="checkbox"/> Bench Alignment Only <input type="checkbox"/> Custom Cuff |
|--|---|