

**ARTech Laboratory, Inc.
Checklist**

Feet, Partial Feet, Forefeet & Toes

_____ **Does the patient have a current prosthesis that they are happy with.**

_____ **Dental stone** impression of “affected” side, taken in the full weight bearing position with the leg vertical. Impression should be made 3 to 4 inches above ankle. **See “Important Tips” on web site.**

_____ **Lab plaster (not plaster bandage)** impression of “sound” side, taken in the full weight bearing position with the leg vertical. Impression should be made 2 to 3 inches above the ankle. ***Also, a tracing of sound side.***

_____ Measurements filled out on Work Order

_____ **Shoe size – foot shell should be two sizes smaller.**

_____ **Toes will be split to allow for wearing sandals, unless otherwise noted.**

_____ Mark the location of the desired trim line.

_____ Color choices filled out on Work Order

_____ **Very Important: *smallest shoes/shoe that the patient would like to wear with the prosthesis.***

_____ Color-true photos taken on the ARTech background by email, prints or USB. If photos are taken from the Color Chart printed from our web site, please include it with impressions. If prints, compare to patient’s skin tones and circle the areas that most closely match. **We need both a top and bottom view, both sides, and a close up of the nails without polish. See “Photo Policy” on web site.**

_____ Make note of any additional information, like sensitive spots, extra support, build up, etc. on the Work Order and impression.

BK’s and AK’s

_____ **Lab plaster (not plaster bandage)** impression of “sound” foot, 3 to 4 inches above the ankle, and taken in the weight bearing position.

_____ Socket with foam sculpted to match shape of patient’s leg. We do not have foam shaping tools, nor do we know the shape of the patient’s leg. ***Also, send a tracing of the sound foot. See “Important Tips” on the web site.***

_____ Indicate if toes are to be split to allow for wearing sandals.

_____ Measurements filled out on Work Order

_____ Color choices filled out on Work Order.

_____ Color-true photos taken on the ARTech Color Chart background by email, prints or USB. If photos are taken using a Color Chart printed from our web site, please include it with the models. If prints, compare to patient’s skin tones and circle the areas that most closely match. **We need a view from all angles and a close up of the nails without polish. **Please include photos of the upper leg also, especially if it is an AK. See “Photo Policy” on web site.****

If patient has had a prosthesis previously, it would be helpful to us to have it, or at least a photo of it. They usually want the new prosthesis to look similar to the one they are using now unless there is some problem with the current one.

We do not need a lot of photos that are different colors. One or two prints of each angle, if they are color-true, will be sufficient.

It is not necessary to return the color chart with the models, unless it was printed off our web site.

When fabricating sockets, please try to duplicate the patient's sound side measurements as closely as possible and allow for 2mm thickness of silicone skin.

The very best way to ship stone models is to wrap them (after drying) in a bubble wrap .