

In Lab Use	
Carve File	
Carve File	
Foam Blank	

In Lab Use	
PT#	
PO#	
Claim#	

**To Submit: Save file to your computer. Email or fax to Contact info below.**

## QUICKLITE COVER FABRICATION

Patient Name:				ID#:	PO#	
Male	Female	Age:	Weight:	Height:	Due Date: / /	
Diagnosis:						
Company Name:			Contact Name:			
Shipping Address:				Phone:		
Billing Address: (if different)				Email:		
Shipping:	Ground	3 Day Select	2nd Day Air	2nd Day Air AM	Next Day Air Saver	Next Day Air

## JOB SPECIFICATIONS

B/K COVER		B/K SPLIT COVER		A/K DISCONTINUOUS COVER	
SIZE	QUANTITY LEFT or RIGHT	SIZE	QUANTITY LEFT or RIGHT	SIZE	QUANTITY LEFT or RIGHT
13 1/2" Sm:		14" Sm:		13 3/4" Md:	
14 1/2" Md:		15" Md:			
15 1/2" Lg:		16" Lg:		14 3/4" Lg:	
16 1/2" XLg:		17" XLg:			

**Note:**

To ensure proper fit, please measure the circumference of the prosthetic socket and refer to the Westcoast QuickLite Cover sizing chart, selecting the closest size listed for the product you are ordering.

**Additional Instructions:**

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.

**CONTACT US**

PHONE: 813-514-4409  
 FAX: 813-565-0994  
 ORDERING: orders@wcbllfab.com

**SHIPPING ADDRESS**

Westcoast Brace & Limb Fabrication  
 5311 E Fletcher Avenue  
 Tampa, FL 33617

wcbllfab.com

