To request a Prosthetic service or repair, please fill out the form below
Print and Mail to:
Prosthetic Treatment Center, Bldg 89
2200 Fort Roots Drive
North Little Rock AR 72114
(Service/Repair Request)

First Name:

Last Name:

E-mail:

Last Four of SSN:

Please list the supplies or service required to meet your needs.

Wheel Chair ☐ **What type**

Brace ☐ **What type**

Artificial limb repair ☐

What type

(Please list)

Print Form