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 Andrew@titanopfab.com

Company Name: \_\_\_\_\_  
 Contact: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Date Needed By:**  
 \_\_\_\_\_  
 PO: \_\_\_\_\_  
 Standard Fabrication  
 2-3 Business Days  
 (Please allow time for shipping)  
 - 1 Day Rush: 30% charge

# TRANSFEMORAL WORK ORDER

Patient Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

**Sex:** Male Female **Activity Level:** Low Moderate High **Side:** Left Right  Bilateral

**PROCEDURE**

**Test Socket**

- Vivak
- Orfitrans Stiff (Thermo)
- Copoly
- Other: \_\_\_\_\_

**Definitive Socket**

- Carbon
- NSP
- CSP
- Paralex
- Spectrocarb
- Other: \_\_\_\_\_

**Finish Lamination**

- None
- Carbon
- Pigment # \_\_\_\_\_
- Fabric \_\_\_\_\_ Provided Yes No
- T-shirt \_\_\_\_\_ Provided Yes No
- Fred's Leg # \_\_\_\_\_ Provided Yes No

**FLEXIBLE INNER:** (Thickness \_\_\_\_\_)

- Orfitrans Excel
- Transparent
- Black
- Proflex
- With Silicon
- Without Silicon
- Polyethylene
- None

**Transfer Alignment**

- Bench Alignment**
- Suction Valve**

Part # \_\_\_\_\_

**Distal Attachment**

Part # \_\_\_\_\_

**Parts Included** Yes No  
**Parts Ordered** Yes No

Additional Information: