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# TRANSTIBIAL WORK ORDER

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

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
 

Pelite	1/8	3/16
Bocklite	3mm	6mm
- None

**Transfer Alignment**

**Bench Alignment**

**Suction Valve**

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

**Distal Attachment**

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

<b>Parts Included</b>	<b>Yes</b>	<b>No</b>
<b>Parts Ordered</b>	<b>Yes</b>	<b>No</b>

Additional Information: