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TRANSFEMORAL WORKORDER

Date needed IN OFFICE

PO

Company Name: _____ Contact/Number: _____

Address: _____ City, State Zip: _____

REQUIRED PATENT INFORMATION

Patient Name: _____ Height: _____ Weight: _____

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

Our guarantee requires completed work order, measurements and alignment lines. Completion of this work order will enable us to provide you the highest level of quality fabrication. Incomplete orders and/or ordering parts/components will add to your fabrication time of the order.

Procedure

- Test Socket
- RINGMASTER™ (Bulldog Tools)
- Orfit Stiff
- CoPoly
- Other: _____

Modifications

- Increase % _____ Ply _____
- Decrease % _____ Ply _____
- Other: _____

Alignment: PLEASE DRAW ALIGNMENT LINES ON CAST OR CHECK SOCKET

- Transfer Alignment
- Zero-Out Components
- Bench Alignment

Definitive Socket

- Carbon
- NSP
- Spectracarb
- Pigment # _____
- Fabric/T-Shirt (Placement)
- _____
- In House Graphic (See Website)
- _____
- Fred's Leg # (Placement)
- _____

Flexible Liner (Circle FINISHED Thickness)

- Thickness: 1/8 3/16 1/4
- OP Tek (Standard Material)
- Clear (OP Flex)
 - White (OP Comfort)
 - Black (OP Flex Black)
 - Keasy Cone

Distal End Pad (Circle FINISHED Thickness)

- Plastazote 1/4 3/8 1/2
- Bocklite 1/4 3/8 1/2
- Custom Injectable Silicone

Componentry

- Explosion Valve # _____
Please Draw valve location on test socket
- Distal Attachment or Lock # _____
- Foam and Shape to Distal Componentry
- Click Medical RevoFit™ Socket
Draw Windows and Dial Location on Socket
- Window Cut Outs (Please Draw on Test Socket)

Titan does stock 3GENA, 4 Hole Plate, CMP2/A, 3-Prong (P-16) and PA0002. If other components are needed, please send with order or dropship components. Titan can order additional components; however, this will add to the number of days needed for fabrication.

Special Instructions
