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TF CHECK SOCKET WORKORDER

Date needed IN OFFICE

PO

Company Name: _____ Contact/Number: _____

Address: _____ City, State Zip: _____

Bill To: _____ Account #: _____ Contact: _____

REQUIRED PATENT INFORMATION

Patient Name: _____ Height: _____ Weight: _____

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.

Side

Left Right

Stump Length From Ischium _____

Total Reduction _____ %

Distal Proximal Overall

Measured Over

Over Liner Over Skin

Liner Type or Thickness _____

Alignment

Flexion _____ Adduction _____

If not specified, 5 ° is standard

Material

Bulldog Tools Ringmaster® (Vivak)

Orfitrans™ Stiff

Other: _____

Distal Options

No Attachment

Leave Distal Void for Pin/Lanyard System Later

Titan Provide Distal Lock

Titan Provide other components: _____

Distal Attachment

Bulldog Tools 3 GEN A Pin Lock

Bulldog Tools AGL Adaptor Grove Lock

Four Hole Adapter (Bulldog Tools FHLA-24)

3 Prong (Bulldog P-16)

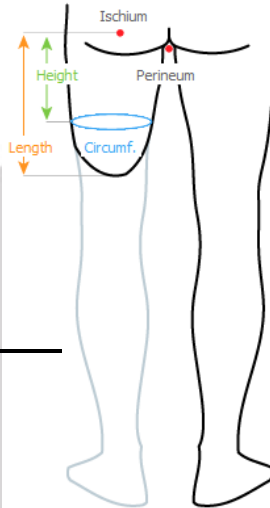
Kiss CMP 2/A

Other _____

Expulsion

Lyn Valve

Other _____



Circumferences (in MILLIMETERS)

Perineum _____

2 inch _____

4 inch _____

6 inch _____

8 inch _____

10 inch _____

12 inch _____

Check here to receive foam carving from this order

Flexible Liner Option

Thickness

1/8 3/16 1/4

OP-TEK™ Clear (OP Flex)

OP-TEK™ White (OP Comfort)

OP-TEK™ Black (OP Flex Black)

Foam Liner

Keasy Cone

Other _____

NOTES:

