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TT 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

Shape

- Shape by Cast
 Shape by App Scan
 Shape by CAD File: _____

Socket Style

- Total Surface Bearing
 Patellar Tendon Bearing

Total Reduction _____% _____ Ply

- Distal Proximal Overall

Standard reduction is 3% unless specified

Alignment

Flexion _____ Adduction _____

If not specified, 0° is standard

Material

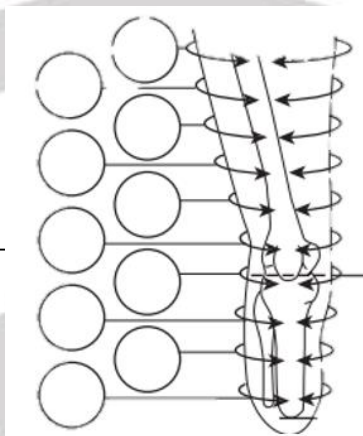
- Bulldog Tools Ringmaster® (Vivak)
 Orfitrans™ Stiff
 Other: _____

Brim Style

- Total Surface Bearing Trim
 Patellar Tendon Bearing Trim
 Soderberg Trim
 Other _____

Distal Options

- No Attachment
 Titan Provide
 Leave Distal Void for Pin/Lanyard System Later
 Other _____



Circumferences (in MILLIMETERS)

8 inch _____

6 inch _____

4 inch _____

2 inch _____

Knee Center _____

2 inch _____

4 inch _____

6 inch _____

8 inch _____

- Check here to receive foam carving from this order

Distal Attachment

- Bulldog Tools 3 GEN A Pin Lock
 Four Hole Adapter (Bulldog Tools FHLA-24)
 Bulldog Threaded 4 Hole (FHLA-16 or FHLA-10)
 Ossur 544 Plate Kit (Valve Included)
 Coyote Designs Air Lock (CD103/CD103AF)
 Other _____

Liner Option Expulsion

- BK Lyn Valve
 Other _____

Flexible Liner Option

Thickness

- 1/8 3/16 ¼
 OP-TEK™ Clear (OP Flex)
 OP-TEK™ White (OP Comfort)
 OP-TEK™ Black (OP Flex Black)

Foam Liner

- Keasy Cone
 Other _____