600 Lemens Ave, Ste 700

TRANSFEMORAL

Date needed IN OFFICE

	WORKORDER PO Contact/Number:	
Bill To: Account #	#: Contact:	
REQUIRE	D PATENT INFORMATION	
Patient Name:	Height: Weight:	
Our guarantee requires completed work order, measurements the highest level of quality fabrication. Incomplete orders a Procedure	Moderate High Side: Left Right Bil ts and alignment lines. Completion of this work order will enable us to prov and/or ordering parts/components will add to your fabrication time of the or Flexible Liner (Circle FINISHED Thickness)	vide you
Test Socket	Thickness: 1/8 3/16 1/4	
RINGMASTER™ (Bulldog Tools) Orfit Stiff CoPoly Other:	OP Tek (Standard Material) Clear (OP Flex) White (OP Comfort) Black (OP Flex Black)	
Modifications	Keasy Cone	
Increase % Ply Decrease % Ply Other:	Distal End Pad (Circle FINISHED Thickness) Plastazote 1/4 3/8 1/2 Bocklite 1/4 3/8 1/2 Custom Injectable Silicone	
Alignment: PLEASE DRAW ALIGNMENT LINES ON	Componentry	
CAST OR CHECK SOCKET	Expulsion Valve #	
Transfer Alignment	Please Draw valve location on test socket	
Zero-Out Components Bench Alignment	Distal Attachment or Lock #	
	Foam and Shape to Distal Componentry	
Definitive Socket Carbon NSP Spectracarb	Click Medical RevoFit [™] Socket Draw Windows and Dial Location on Socket	
Pigment #	Window Cut Outs (Please Draw on Test Socket)	
Fabric/T-Shirt (Placement)		
In House Graphic (See Website)	Titan does stock 3GENA, 4 Hole Plate, CMP2/A, 3-Prong (P-16) and PA0002. If other components are needed, please send with order	
Fred's Leg # (Placement)	or dropship components. Titan can order additional components; however, this will add to the number of days needed for fabrication.	
Special Instructions		7