

TRANSTIBIAL WORKORDER

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Date	needed	IN OFFICE	F

PO

ompany Name:	Contact/Number:
ddress:	City, State Zip:
II To: Accoun	t #: Contact:
REQUI	RED PATENT INFORMATION
atient Name:	Height: Weight:
	v Moderate High Side: Left Right Bilatera
	ents and alignment lines. Completion of this work order will enable us to provide yo
	rs and/or ordering parts/components will add to your fabrication time of the order.
Procedure	Flexible Liner (Circle FINISHED Thickness)
Test Socket	Thickness: 1/8 3/16 1/4
Bulldog Tools RINGMASTER™	OP Tek (Standard Material)
Orfit Stiff	Clear (OP Flex)
CoPoly	White (OP Comfort)
Other:	Black (OP Flex Black)
	Keasy Cone
<u>Mo</u> difications	Bocklite 6mm
Increase % Ply	Vivak Liner (For Suction Socket)
Decrease % Ply	Distal End Pad (Circle FINISHED Thickness)
Other:	Plastazote 1/4 3/8 1/2
	Bocklite 1/4 3/8 1/2
Alignment: PLEASE DRAW ALIGNMENT LINES O	N CAST Custom Injectable Silicone
OR CHECK SOCKET	Componentry
Transfer Alignment	Expulsion Valve #
Zero-Out Components	Please Draw valve location on test socket
Bench Alignment	Distal Attachment or Lock #
Definitive Socket	Foam and Shape to Distal Componentry
Carbon	
NSP	Click Medical RevoFit™ Socket
Spectracarb	Draw Windows and Dial Location on Socket
Pigment #	_
Fabric/T-Shirt (Placement)	Window Cut Outs (Please Draw on Test Socket)
In House Graphic (See Website)	Titan does stock 3GENA, 4 Hole Plate, CD103/CD103AF, L-544400/L-544520 and L-551002. If other components are needed, please
Fred's Leg # (Placement)	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	