

Ship to:

# Prosthetic Work Order Trans-Femoral



527 Park Lane, Suite 200 • Waterloo, IA 50702 • 800.408.3598 • Fax 800.408.3595

Patient Name: \_\_\_\_\_

Left  Right  Height \_\_\_\_\_ Weight \_\_\_\_\_ Activity Level: 1 2 3 4 Sex: M F

Date Measured: \_\_\_\_\_ Date Needed: \_\_\_\_\_ Age: \_\_\_\_\_

PO#: \_\_\_\_\_ Ship to: \_\_\_\_\_ Color: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## 1. Procedure

- Test Socket
- Preparatory Socket
- Definitive Socket
- Transfer and Finish

## 2. Design

- Exoskeletal
- Endoskeletal →
  - Aluminum (up to 165 lbs.)
  - Titanium (up to 225 lbs.)
  - Steel ( up to 275 lbs.)

## Socket Attachment

- None
- Pyramid
- Four Hole
- Other \_\_\_\_\_

## 3. Suspension

- TES Belt Suspension
- Shuttle Lock \_\_\_\_\_ Type \_\_\_\_\_
- Suction Valve \_\_\_\_\_ Type \_\_\_\_\_
- Hip Joint/Pelvic Band
- Selesian Band O&P<sup>1</sup> order Y/N

## 4. Foot

- Type: \_\_\_\_\_
- Size: \_\_\_\_\_ cm
- Heel Height \_\_\_\_\_

## 5. Insert/Liner Material

- Pelite – Distal Pad Y/N
- Bocklite – Distal Pad Y/N
- Thermoplastic - Specify type:
  - PE
  - Bioelastic
  - Proflex with silicone
  - Other \_\_\_\_\_

Thickness: 1/8" 3/16" 1/4" 3/8"

## 6. Socket and/or Frame Material

- Clear
- PP 1/8" 3/16" 1/4" 3/8"
- Co-Poly 1/8" 3/16" 1/4" 3/8"
- AME/Epoxy
  - Layup**
  - Light
  - Std.
  - Heavy
  - Color \_\_\_\_\_

## 7. Knee

- Manual Lock
- Safety Knee
- Constant Friction
- Hydraulic Type \_\_\_\_\_
- Other \_\_\_\_\_

## 8. Cover

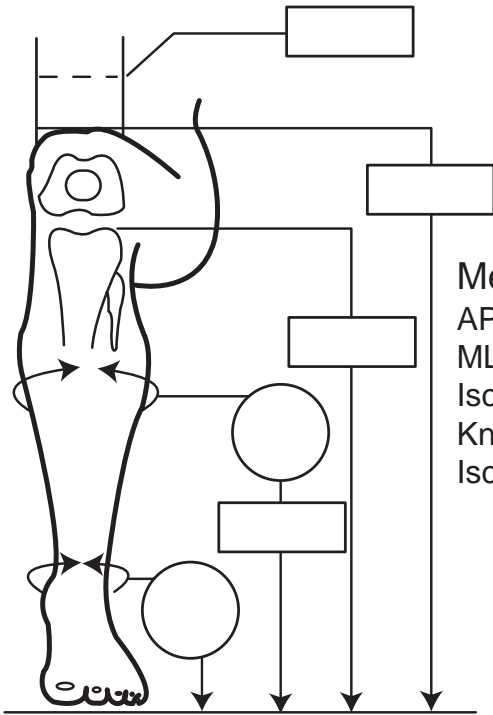
- Yes
- No
  - Type
  - Otto Bock
  - Preshaped
  - Color \_\_\_\_\_
  - Other \_\_\_\_\_

### Office use only.

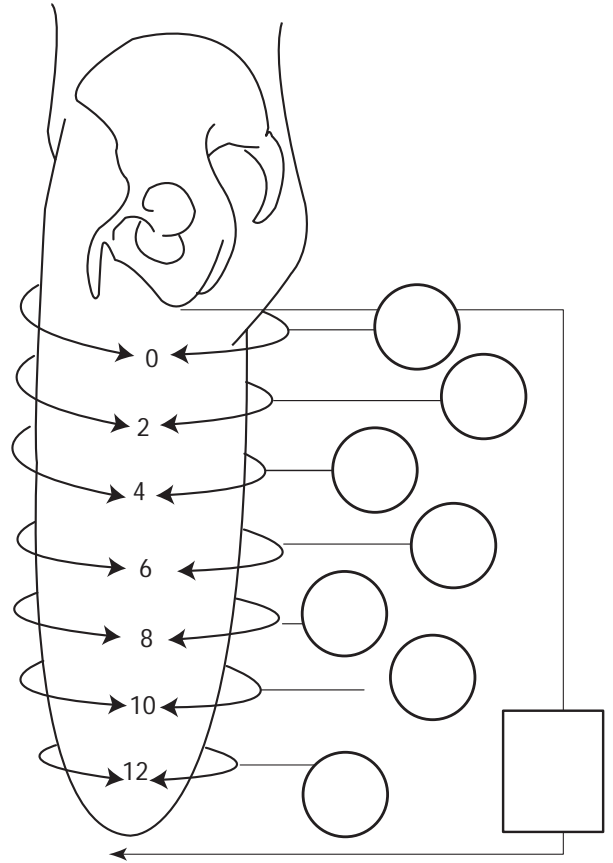
Req'd landmarks on cast?	Y/N
Req'd measurements supplied?	Y/N
Work Order complete?	Y/N

### Our Guarantee...

requires work order, measurements and alignment lines. Accurate and complete data provided by you, shall enhance our mutual goal of "Total" Customer Satisfaction.



Measurements:  
 AP \_\_\_\_\_  
 ML \_\_\_\_\_  
 Ischium to distal end \_\_\_\_\_  
 Knee center to floor \_\_\_\_\_  
 Ischium to floor \_\_\_\_\_



**Instructions for AK - to - measurement**

1. Measurements needed:
  - A. Ischium to distal end
  - B. Perineum to distal end
  - C. Starting with your zero level at perineum, take circumferences every 2 inches (Every 1 inch if the limb is short.)
  
2. Other information needed
  - A. Left or right side.
  - B. Brim Style
  - C. Other length and circumferential measurements if setting up and/or finishing the prosthesis

**Brim Style:**

- |                                    |  |
|------------------------------------|--|
| <input type="checkbox"/> Soft Quad | <input type="checkbox"/> Standard Quad       |
| <input type="checkbox"/> IPOS IC   | <input type="checkbox"/> O&P <sup>1</sup> IC |

**Distal End Shapes**

- |   |   |   |
|---|---|---|
|  |  |  |
| <input type="checkbox"/> Round  | <input type="checkbox"/> Conical  | <input type="checkbox"/> Flat   |

Notes/Comments/Parts to order:

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