

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&P¹ 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

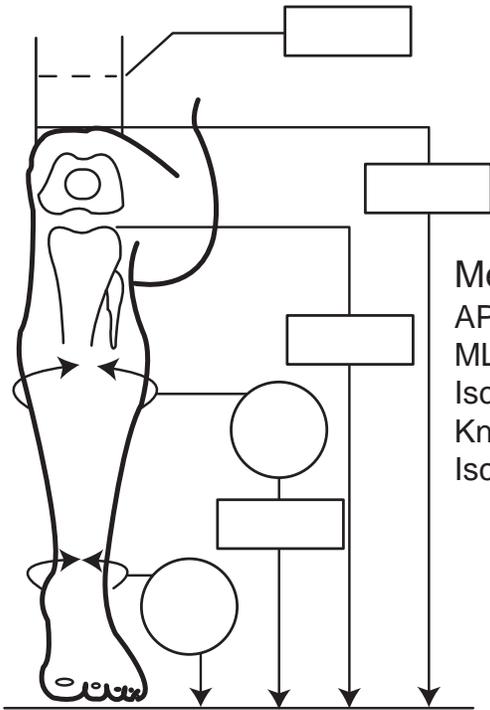
- Yes
- No
 - Type
 - Otto Bock
 - Preshaped
 - Color _____
 - Other _____

Office use only.

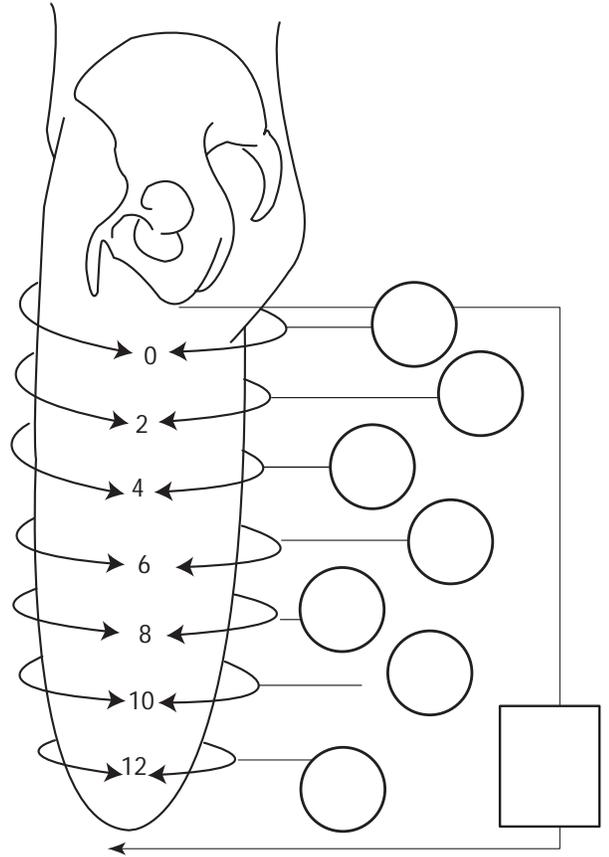
Req'd landmarks on cast?	Y/N
Req'd measurements supplied?	Y/N
Work Order complete?	Y/N

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 ¹ IC |

Distal End Shapes

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

Notes/Comments/Parts to order:
