

Ship to:

Prosthetic Work Order Trans-Tibial



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

- Cuff Strap
- Shuttle Lock Type _____
- Supra-Condylar
- Supra-Condylar/Supra-Patellar
- Expulsion Valve Type _____
- Sleeve

4. Foot

Type: _____
 Size: _____ cm
 Heel Height: _____

5. Insert/Liner Material

- Pelite – Distal Pad Y/N
 - Bocklite – Distal Pad Y/N
 - Kemblo Leather
 - Thermoplastic - Specify type:
 - PE
 - Bioelastic
 - Proflex w/silicone
 - Other _____
- Finished Thickness: 1/8" 3/16" 1/4" 3/8"

6. Socket 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. Cover

- Yes
 - No
- Type**
- Otto Bock
 - Preshaped
 - Flex Foot _____
 - Other _____
- Color _____

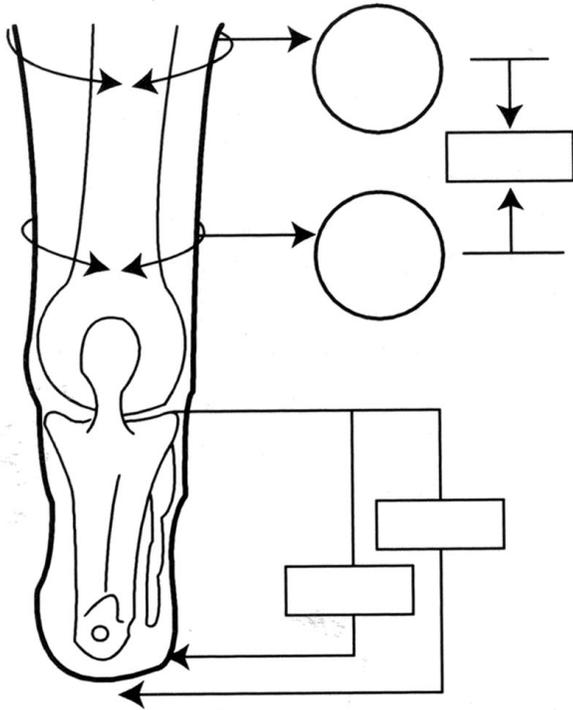
Our Guarantee...

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

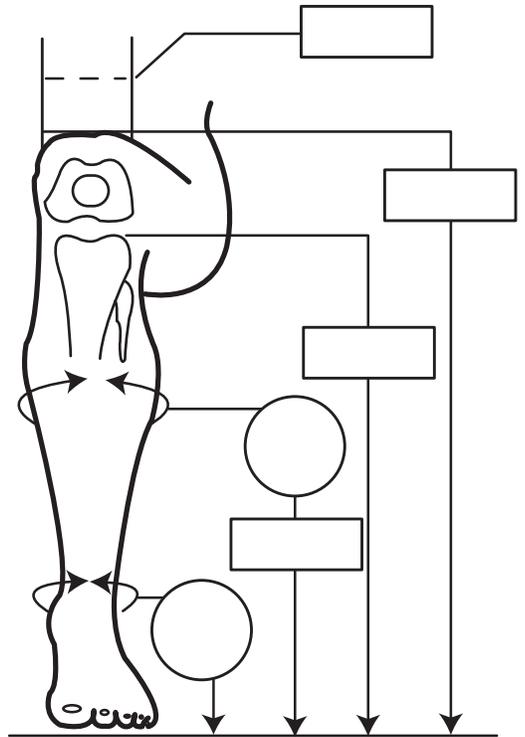
Office use only.

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

- 2
- 1
- MPT
- 1
- 2
- 3
- 4
- 5
- 6



A/P _____
 M/L _____



Notes/Comments/Parts to order:
