

# Transtibial Check Socket Work Order

## PATIENT

Last name: \_\_\_\_\_

First Initial: \_\_\_\_\_

Patient ID: \_\_\_\_\_  N  W

Bilateral  Left only  Right only

Practitioner: \_\_\_\_\_ Please change to *your* name if necessary.

Facility: \_\_\_\_\_

## CAD Instructions

- Leave as is  Ply Adjustment  
 Macro Socket  See Special Instructions  
 Smooth as Needed

## PT Shape Submission

Form Type:  Cast  Socket to Scan  Positive Mold  
 Digital (Attach file to online order)  
 File Name: \_\_\_\_\_

Date Due: \_\_\_\_\_ Check Socket  1  2  3

## Fab Instructions

Suspension/Distal Adapter:  Cushion **Standard**  Locking  
 Make With Inner Liner:  No  Yes  
 Add Vacuum Line

## Liner

Bock Lite  Keasy Liner  EVA 35  EVA 45  
 Polyethylene  BiLam  OP Flex (Black)  OP Comfor  
(Generic for: ProFlex/Northvane) (Generic for: Northvane) (Generic for: ProFlex)  
 ProFlex/Silicone  OP Flex Comfort  None  
(Generic for: Northvane white)

## Options

Add Stove Pipe  Super Condyle Pad  Distal End Pad

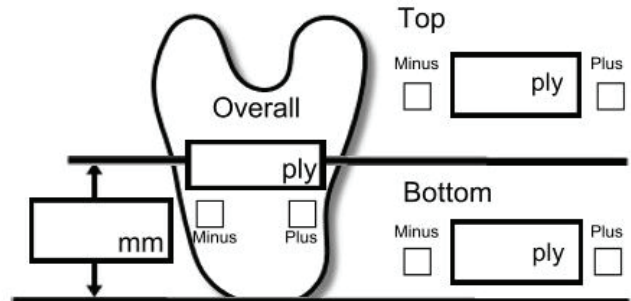
## Components

3 Prong (COE Tray)  Lamination Block (COE Tray)  
 Lamination Block  
 Pin (Bulldog)  Rotation 4 Hole  Rotation Adapter  
 Female Receiver - 22mm Rotating  Suction Valve  
 Female Receiver - 35mm Rotating  4 Hole Pyramid

## Measurements

Length-PTB-Distal End: \_\_\_\_\_ mm Circ. At Tibial Tubercle: \_\_\_\_\_ mm  
 Circ. At 5cm from Distal End: \_\_\_\_\_ mm  
 M/L: \_\_\_\_\_ mm PML: \_\_\_\_\_ mm

## Ply Adjustments



## SPECIAL INSTRUCTIONS

RUSH Order: