

Transtibial Final Fab Work Order

Date Due:

New Prosthesis Replacement Socket Remake
(Please explain below)

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
 Smooth as Needed See Special Instructions

PT Shape Submission

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

File Name: _____

Fab Instructions

Socket Print/
Skin Tones:

Transfer Pattern: Custom Pattern (Make note in Special Instructions.)

Layup:

Components:

Distal Pad Add Vacuum Line Leather Edge of Socket

Add BOA System

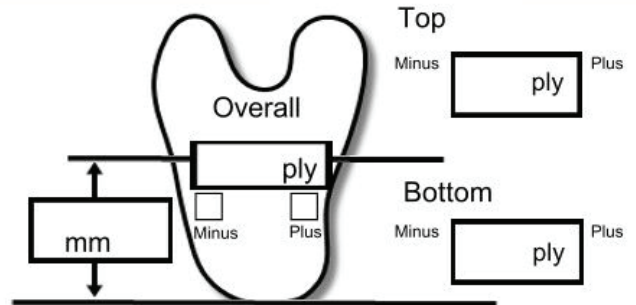
Liner

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

Components

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

Ply Adjustments



SPECIAL INSTRUCTIONS

RUSH Order: