

Transfemoral 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: _____

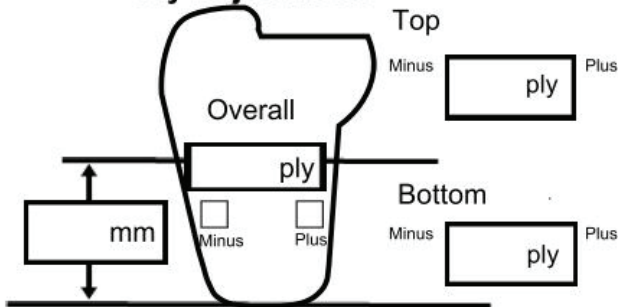
CAD Instructions

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: _____

Ply Adjustments



Fab Instructions

Socket Print/
Skin Tones: _____
Transfer Pattern: Custom Pattern (Make note in Special Instructions.)
Layup: Light Duty Standard Duty Heavy Duty
Suspension: Locking Suction Lanyard Other
Distal Adapter: Lanyard Block Bulldog Pinlock Grace Plate and Lanyard
Pull Valve Grace Plate 3-Prong Adapter
Pediatric Lanyard Other
Components: Standard Duty Heavy Duty Pediatric
 Anterior Lateral Cut-out Posterior Cut-Out Other (explain in Special Instructions at bottom of form)
Add BOA system Anterior Lateral Door Posterior Door

Liner

BiLam (Generic for: ProFlex/Northvane) OP Flex (Generic for: Northvane) OP Comfort (Generic for: ProFlex)
 ProFlex/Silicone None

Components

3 Prong (COE Tray) Lamination Block (COE Tray)
 Pin (Bulldog) Rotation 4 Hole
 Rotational Adapter 22 mm
 Rotational Adapter 35 mm

Offset Plates

9 mm
13 mm
19 mm
25 mm
27 mm
37 mm

SPECIAL INSTRUCTIONS

RUSH Order: