



Ship To:

Transtibial or Symes

2521 W Veterans Pkwy, Marshfield, WI 54449

Toll Free: 888-384-4766 | Phone: 715-207-6360 | Fax: 888-389-5251 | Email: office@prostheticplus.com

Name: _____ Male Female Left Right Bilateral

Height: _____ Weight: _____ Age: _____ Activity Level: 1 2 3 4

PO#: _____ Company: _____

Practitioner: _____ Phone Number: _____

Date Measured: _____ Date Due: _____

1. Procedure

- Test Socket
- Preparatory Socket
- Definitive Socket
- Transfer and Finish

2. Design

- Exoskeletal
- Endoskeletal
 - Aluminum
 - Titanium
 - Steel
- Socket Attachment
 - None
 - Pyramid: _____
 - Four Hole: _____
 - Other: _____

3. Suspension

- Shuttle Lock Type: _____
- Supra-Condylar
- Supra-Condylar/Supra-Patellar
- Expulsion Valve Type: _____
- VASS with PETG Liner
- Sleeve
- Cuff Strap
- Revo® Closure System
- Other: _____

4. Foot

- Type: _____
- Size: _____ cm
- Heel Height : _____

5. Insert/Liner Material

- Pelite/Bocklite
- Proflex with Silicone
- OP Flex Black OP Flex
- OP Flex Comfort
- MPE
- Other: _____
- Finished Thickness: 1/8 5/32 3/16 1/4

6. Distal End Pad Yes No

Type: _____
(1/2" P-Cell will be use if left blank)

7. Socket Frame/Material

- Seamless Test Socket
 - Vivak/PETG Thermolyn (or equal)
- Socket with Seam
 - Vivak/PETG Poly-Pro Co-Poly
- Finished Thickness: 1/8 5/32 3/16 1/4

Lamination

- Light Standard Heavy Color: _____
- High Definition Tee Shirt Lamination (Additional Lamination)
- Standard Tee Shirt Lamination
- NEWLIMBITS Pattern: _____

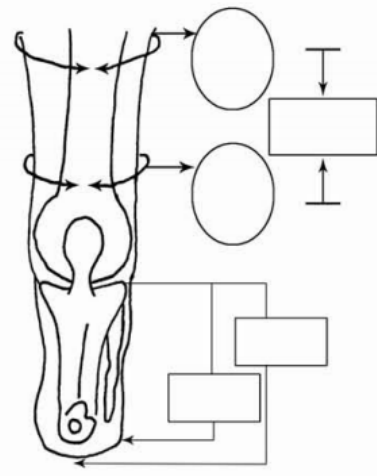
8. Symes Options

- Medial Window
- Clam Shell
- Insert with Buildups

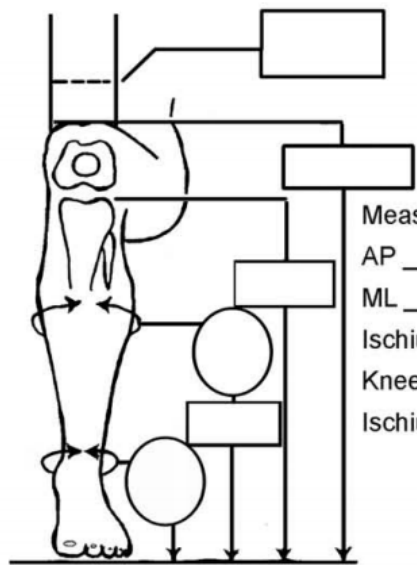
9. Cover

- Yes No
- Laminated Cover Shell
- Spray Skin Color: _____
- Other: _____

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



A/P _____
 M/L _____



Measurements:
 AP _____
 ML _____
 Ischium to distal End _____
 Knee center to floor _____
 Ischium to floor _____

Componentry: Sent Along On order, direct to Prosthetic Plus Prosthetic Plus will order

Special Instructions:

Office Use Only			
Required landmarks on cast?	Yes	No	N/A
Required measurements supplied?	Yes	No	N/A
Work order complete?	Yes	No	
Date Received:	_____		

Our Guarantee...
 requires completed work order information. Detailed and accurate measurements, alignment lines, and special instructions will increase efficient and expedited fabrication.