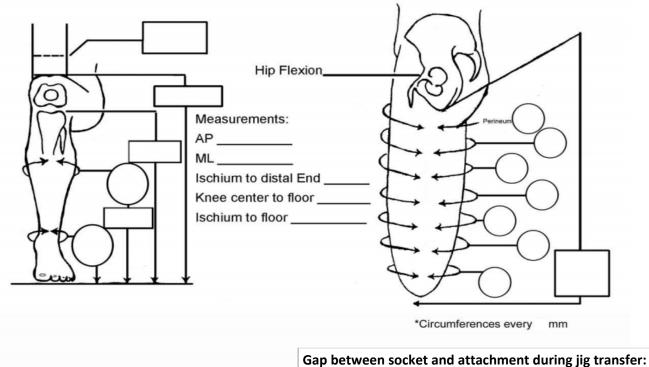


## **Transfemoral**

Ship To:	

	ne:						
	ght:						
	<u>;                                    </u>						
Prac	ctitioner:	Phone Number:					
Date	e Measured:	_ Date Due:					
1.	Procedure Test Socket Preparatory Socket Definitive Socket Transfer and Finish	6. Insert/Liner Material  OP Flex Comfort Pelite/Bocklite  OP Flex Proflex with Silicone  OP Flex Black Other:  Finished Thickness: 1/8 5/32 3/16 1/4					
2.	Design  Exoskeletal  Endoskeletal  Aluminum  Titanium  Steel  Socket Attachment  None  Prong:  Four Hole:  Other:	7. Additional Padding Yes No Type: (Please Specify)  8. 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					
3.	Suspension Shuttle Lock Type: Expulsion Valve Type: Lanyard Type: Revo® Closure System	Light Standard Heavy <b>Color:</b> High Definition Tee Shirt Lamination (Additional Lamin  Standard Tee Shirt Lamination  NEWLIMBITS Pattern:					
	Other:	9. Windows/Cutouts					
4.	Foot Type: cm Heel Height :	Window Location: Anterior Posterior Posterior Cutout with Non-Adjustable Strap Adjustable Strap with Chafe					
5.	Knee Knee Type:	<b>10. Cover</b> Yes No  Removable Continuous Below Knee Only Discontinuous Cosmetic					

Spray Skin Color:



Keep height as is
Eliminate gap

Prosthetic Plus will order

Special Instructions:			

On order, direct to Prosthetic Plus

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:				

Sent Along

## Our Guarantee...

requires completed work order information.

Detailed and accurate measurements, alignment lines, and special instructions will increase efficient and expedited fabrication.

**Componentry:**