



Ship To:

Transtibial or Symes

415 W Cedar St
Spencer, WI 54479 Shop Cell: 715-321-4924 (Call/Text/Facetime)
Toll Free: 888-384-4766 | Phone: 715-207-6360 x2 | 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
 - Prong: _____
 - 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 OP Flex Comfort
- Proflex with Silicone OP Flex
- MPE OP Flex Black
- 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: _____

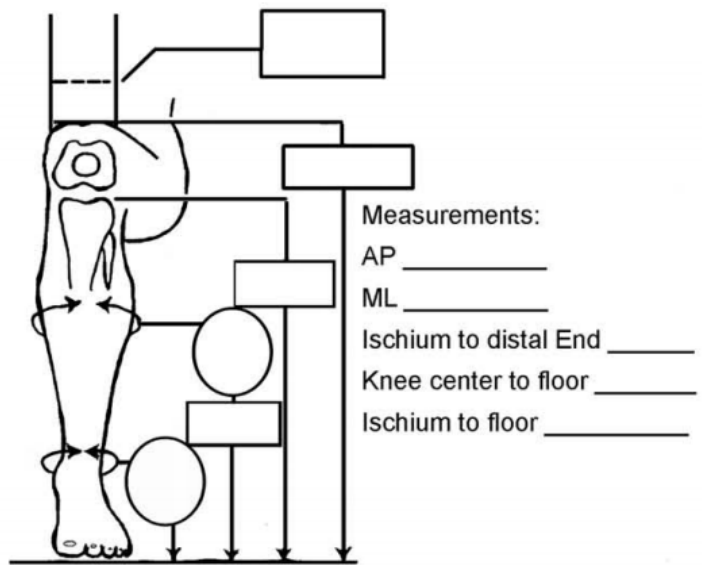
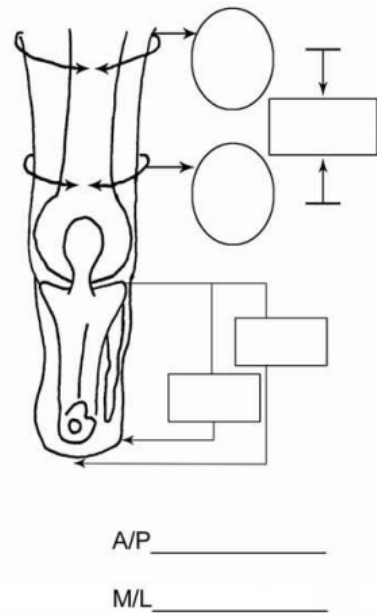
8. Symes Options

- Medial Window Insert with Buildups
- Clam Shell

9. Cover

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

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



Gap between socket and attachment during jig transfer:
Keep height as is
Eliminate gap

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.