



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 3D Printed 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: \_\_\_\_\_

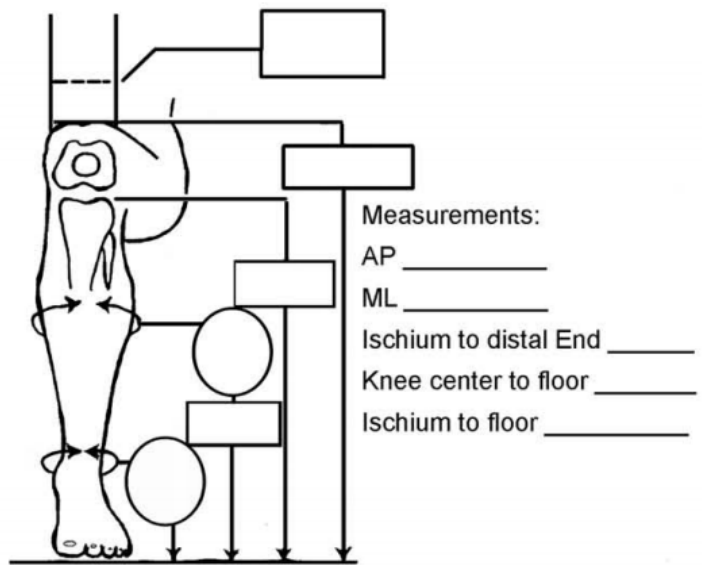
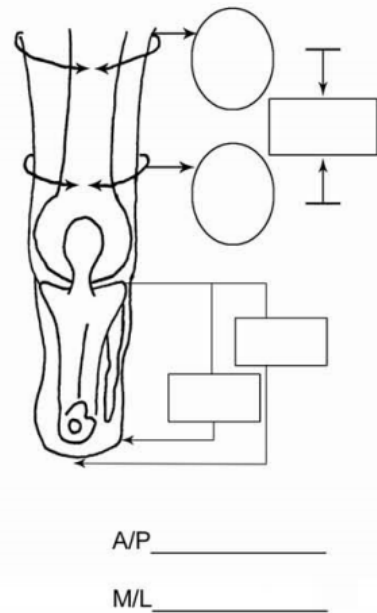
### 8. Symes Options

- 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:**

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<b>Office Use Only</b>			
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.