

TRANSFEMORAL WORKORDER

Date needed IN OFFICE _____

PO _____

Company Name: _____ Contact/Number: _____

Address: _____ City, State Zip: _____

Bill To: _____ Account #: _____ Contact: _____

REQUIRED PATENT INFORMATION

Patient Name: _____

Height: _____

Weight: _____

Sex: Male Female **Activity Level:** Low Moderate High **Side:** Left Right Bilateral

Our guarantee requires completed work order, measurements and alignment lines. Completion of this work order will enable us to provide you the highest level of quality fabrication. Incomplete orders and/or ordering parts/components will add to your fabrication time of the order.

Procedure

- ☐ Test Socket
- ☐ PETG
- ☐ Orfit Stiff
- ☐ CoPoly
- ☐ Other: _____

Modifications

- ☐ Increase % _____ Ply _____
- ☐ Decrease % _____ Ply _____
- Other: _____

Alignment: PLEASE DRAW ALIGNMENT LINES ON CAST OR CHECK SOCKET

- ☐ Transfer Alignment
- ☐ Zero-Out Components
- ☐ Bench Alignment

Definitive Socket

- ☐ Coyote Composite
- ☐ Pigment # _____
- ☐ Fabric/T-Shirt (Placement) _____
- ☐ High-Resolution Artwork (Email 1080p image) _____
- ☐ Fred's Leg # (Placement) _____

Flexible Liner (Circle FINISHED Thickness)

Thickness: 1/8 3/16 1/4

OP Tek (Standard Material)

- ☐ Clear (OP Flex)
- ☐ White (OP Comfort)
- ☐ Black (OP Flex Black)
- ☐ Keasy Cone

Distal End Pad (Circle FINISHED Thickness)

- ☐ Plastazote 1/4 3/8 1/2
- ☐ Bocklite 1/4 3/8 1/2

Componentry

- ☐ Expulsion Valve # _____
Please Draw valve location on test socket
- ☐ Distal Attachment or Lock # _____

☐ Foam and Shape to Distal Componentry

- ☐ Click Medical RevoFit™ Socket
Draw Windows and Dial Location on Socket

- ☐ Window Cut Outs (Please Draw on Test Socket)

Special Instructions

☎ (562) 506-5520

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