

Spinal Technology Prosthetics

TRANSTIBIAL DEFINITIVE FABRICATION FORM

FACILITY: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ PHONE: ____/____/____
 PRACTITIONER: _____
 E-MAIL: _____

PATIENT'S NAME: _____
☐ LEFT ☐ RIGHT ☐ BILATERAL
 AGE: _____ SEX: _____ HGT: _____ WGT: _____
 COLOR: _____ SWATCH #: _____
 ACTIVITY LEVEL: _____

P.O. #: _____ ORDER DATE: _____ DATE NEEDED: _____ SHIP METHOD: _____

FABRICATION

(1) NEGATIVE MODEL

- ☐ Open Scan
☐ Fill and Correct as Marked
☐ Fill and Duplicate
☐ Pour in Transfer Unit and Duplicate

(2) BRIM DESIGN (from model or scan)

- ☐ PTB
☐ TSB
☐ RCR
☐ Supra Condylar
☐ Other:

(3) INSERT DESIGN

- ☐ Pelite
☐ Bocklite
☐ Distal Pad
☐ Other:
☐ None

(4) INNER SOCKET MATERIAL

- ☐ Vivak (for elevated vacuum)
☐ Polyethylene
☐ Flexible
☐ Flexible with Silicone
☐ Hard Acrylic (no inner socket)

(5) RETAINER/OUTER SOCKET DESIGN

- ☐ Acrylic Resin
☐ Polypropylene (socket only)
☐ Carbon Fiber
☐ Light Duty
☐ Heavy Duty
☐ Window over Distal Tibia
☐ Window over Fibula Head
☐ Other:
☐ REVO (please draw cable path on diagnostic socket)

(6) SUSPENSION DESIGN

- ☐ Prep for Bulldog Lock (mark button side)
☐ Prep for Bulldog Lanyard
☐ Prep for KISS Lanyard BK
☐ Valve Install:
☐ Other:

(7) DISTAL ATTACHMENT

- ☐ Base Plate (FHLLA-6)
☐ Vacuum Plate (FHLLA-10K)
☐ Barb Vacuum Plate (FHLLA-25)
☐ Four Prong
☐ Other:

(8) COVERING

- ☐ Bulldog Firm Foam
☐ Removable
☐ DAW SNAP Cover
☐ Apply Removable Skin (need to provide)
☐ Apply BK Nylons
☐ Other:

(9) ALIGNMENT SET UP

- ☐ Set Up on Alignable RED Unit
☐ Set Up on Components Provided

Componentry Disclaimer:

We recommend that you provide components. We can prep the socket to accept drop-in components. If we provide any items, we will bill the item at cost plus a 15% handling fee

Cosmetic Cover Disclaimer:

We are not able to fabricate covers over certain types of feet where shaping can scratch or impact the foot. On some feet we can use the DAW SNAP cover. Please contact us prior with any photos or questions.

ADDITIONAL INSTRUCTIONS

Submit orders to ProstheticOrders@SpinalTech.com

Spinal.Tech/Prosthetics

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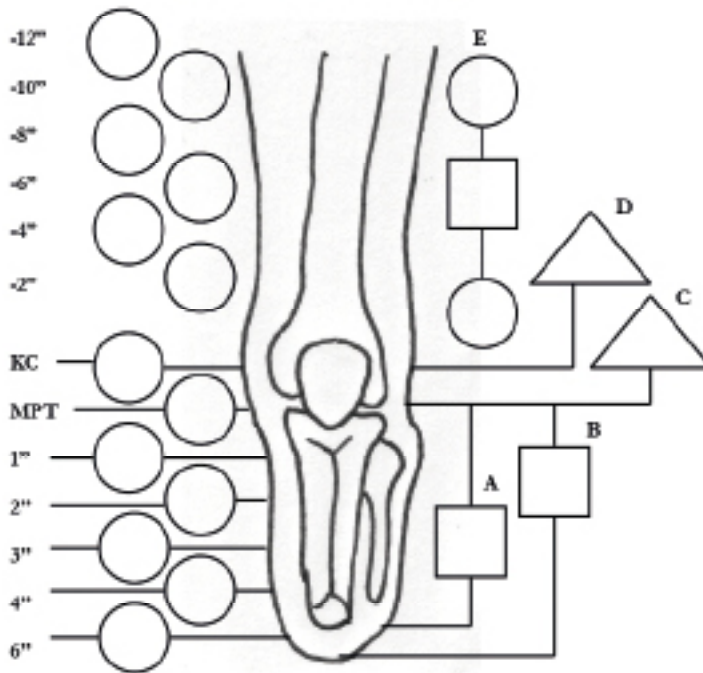


8075 National Turnpike,
 Louisville, KY 40214

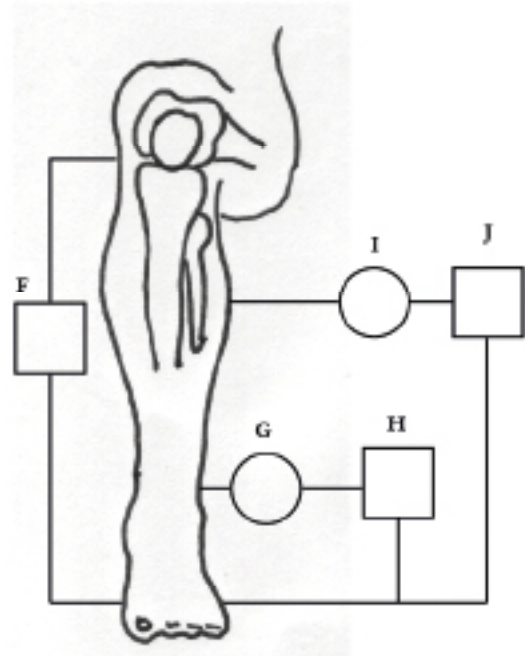
(855) 569-3754

PATIENT MEASUREMENTS

ANTERIOR



SOUND SIDE



DISTAL END CONTOUR:

- ☐ ROUND
- ☐ FLAT
- ☐ CONICAL

- A. MPT TO DISTAL TIBIA
- B. MPT TO DISTAL END (UNCOMPRESSED)
- C. AP @ MTP
- D. ML @ KNEE CENTER
- E. CORSET MEASUREMENTS
- F. MPT TO FLOOR

- G. ANKLE CIRCUMFERENCE
- H. HEIGHT OF ANKLE
- I. CALF CIRCUMFERENCE
- J. HEIGHT OF CALF

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