

TRANSTIBIAL DIAGNOSTIC SOCKET 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 and Modify
- ☐ Open Modified Scan
- ☐ Image and Modify

(2) TRANSTIBIAL BRIM DESIGN

- ☐ PTB
- ☐ TSB
- ☐ RCR
- ☐ SUPRA CONDYLAR
- ☐ Other:

(3) SOCKET MATERIAL

- ☐ Vivak
- ☐ Thermolyn Stiff
- ☐ Polypropylene

(4) TRANSTIBIAL SUSPENSION

- ☐ Prep for Bulldog Lock
(mark button side)
- ☐ Suction:
- ☐ Other:

(5) DISTAL ATTACHMENT

- ☐ Base Plate (FHLLA-6)
- ☐ Suction Plate (FHLLA-10K)
- ☐ Barb suction Plate (FHLLA-25)
- ☐ Other:

(6) ALIGNMENT ATTACHMENT

- ☐ 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.

ADDITIONAL INSTRUCTIONS

Submit orders to ProstheticOrders@SpinalTech.com

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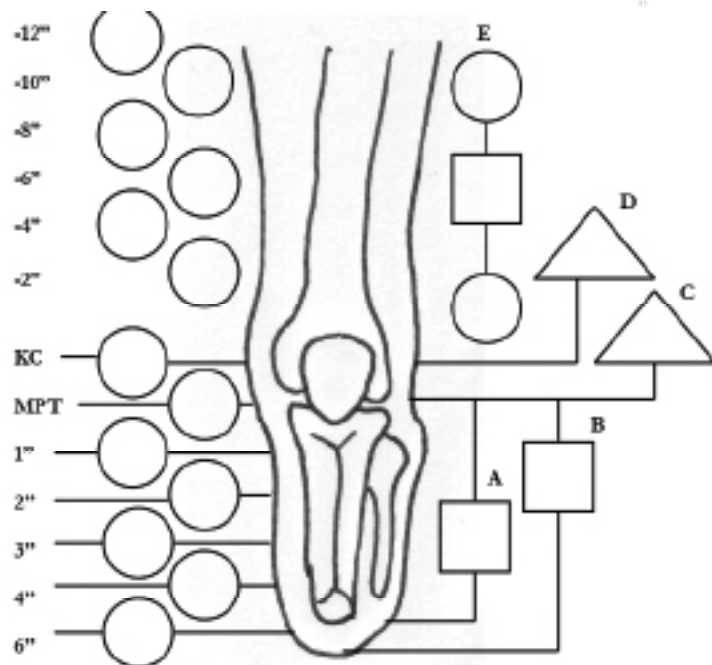


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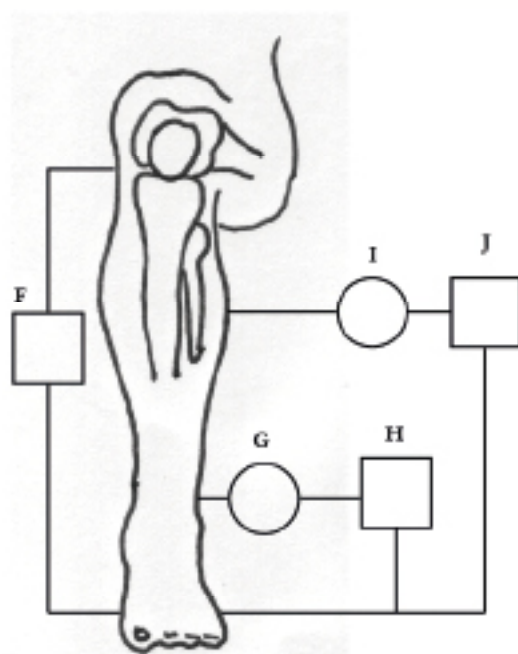
8075 National Turnpike,
Louisville, KY 40214
(855) 569-3754

PATIENT MEASUREMENTS

ANTERIOR



SOUND SIDE



PELVIC CIRCUMFERENCE



FLEXION ANGLE



FOOT SIZE



HEEL HEIGHT

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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