

TRANSFEMORAL 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)

- IC
- SUB IC
- QUAD
- Other:

(3) INNERSOCKET MATERIAL

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

(4) RETAINER/OUTER SOCKET DESIGN

- Acrylic Resin
- Polypropylene (socket only)
- Carbon Fiber
- Light Duty
- Heavy Duty
- Anterior window
- Posterior window
- Posterior Gluteal strap Elastic or Dacron
- REVO (Please draw cable path On diagnostic socket)
- Follow retainer trim line marked on the model
- Other:

(5) SUSPENSION DESIGN

- Prep for Bulldog lock (mark button side)
- Prep for Bulldog Lanyard
- Prep for KISS Lanyard
- AK Valve Prep/Install: (PA0002)
- Other:

(6) DISTAL ATTACHMENT

- Base plate (FHLA-6)
- Three prong
- Four prong
- Other:

(7) COVERING

- AK removable cover (need to provide cover that is appropriate for knee being used)
- Apply Removable Skin (need to provide)
- Other:

(8) 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. Please contact us prior with any photos or questions.

ADDITIONAL INSTRUCTIONS

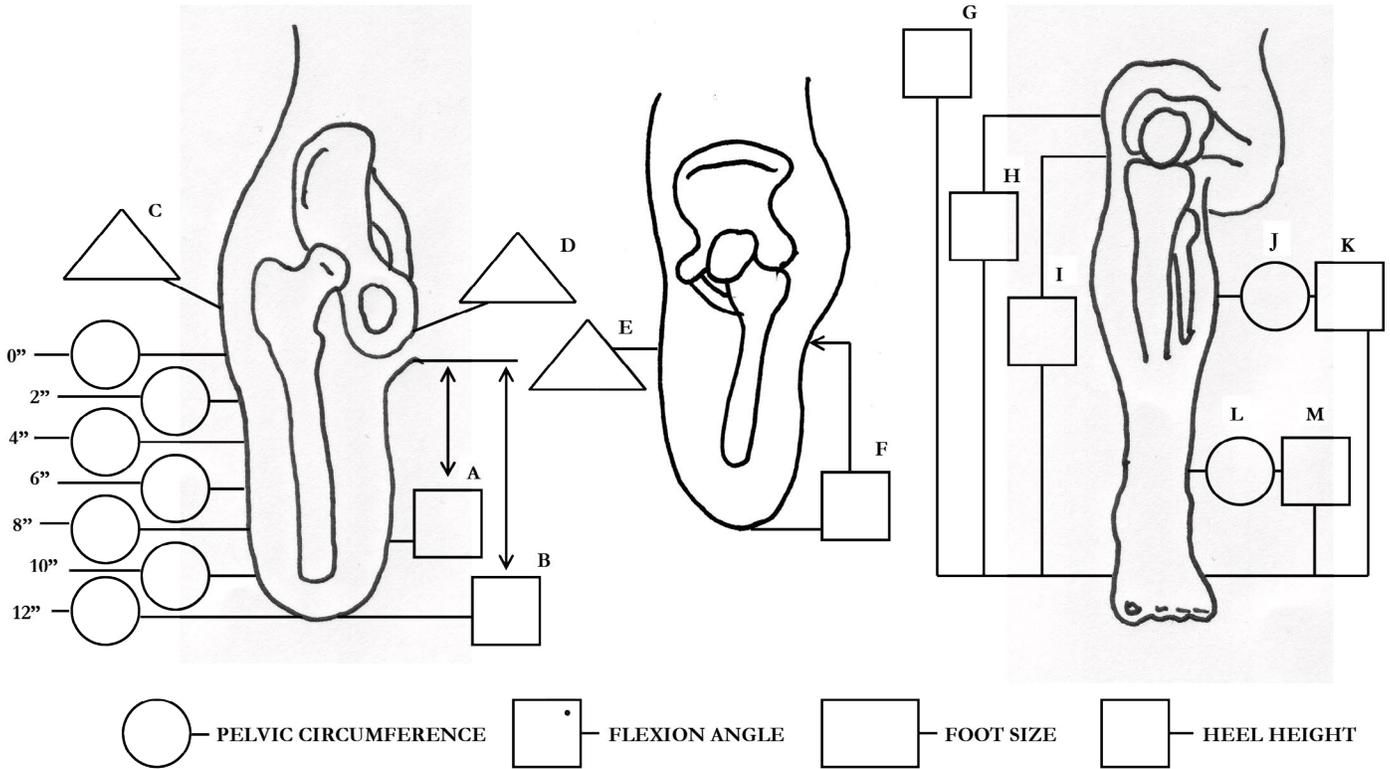
Submit orders to ProstheticOrders@SpinalTech.com

PATIENT MEASUREMENTS

ANTERIOR

LATERAL

SOUND SIDE



DISTAL END CONTOUR:

- ROUND
- FLAT
- CONICAL

- A. LENGTH TO DISTAL FEMUR
- B. LENGTH TO DISTAL END (UNCOMPRESSED)
- C. SOFT TISSUE M-L (BELOW ISCHIUM)
- D. BONY M-L (RAMUS TO LATERAL WALL)
- E. A-P
- F. GLUTEAL FOLD TO DISTAL END

- G. ISCHIUM TO FLOOR
- H. KNEE CENTER TO FLOOR
- I. PTB TO FLOOR
- J. CALF CIRCUMFERENCE
- K. HEIGHT OF CALF
- L. ANKLE CIRCUMFERENCE
- M. HEIGHT OF ANKLE

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