

TT - TF Order Form

Company:	PO:	Due Date:
Address:	Patient Name:	
	Shipping: <input type="checkbox"/> UPS Ground <input type="checkbox"/> UPS Next Day	
	<input type="checkbox"/> UPS 2nd Day <input type="checkbox"/> Other	
Practitioner:	Phone:	Email:

Alignment and Plaster Instructions

Transfer Alignment Alignment Mods: _____
 Static Alignment
 Flexion: _____ Abduction: _____ Adduction: _____
 Plaster mods to mold: _____

Patient Information

Male Female
 Left Right
 Patient Weight: _____

Flexible Socket Liner

Thermoplastic Pelite
 Material: _____ Distal End Pad
 Suction Valve
 Type: _____

Socket Fabrication

Test Socket Vacuum Socket
 Material: _____ Protective Cover
 Laminated Socket
 Double Wall Socket Lamination Color: _____

Foam Cover Fabrication Instructions

Firm Foam
 Soft Foam
 Attachment Sleeve Velcro Screws
 Cover with Nylons Other: _____

