TF Final Fab Order Date Due: \square New Prosthesis \square Replacement Socket \square Socket Remake

Please explain why socket needs remade:



HiTek, LLC. 222 Turner Blvd, St. Peters, MO 63376

ph 636-387-7900

www. HiTek Fab. com

Last name:	Fab Instructions
First Initial: PT ID: Date cast: Weight:	Socket Print/ Skin Tones:
PT ID: Date cast: Weight:	Transfer Pattern: Custom Pattern (Make note in Special Instructions.)
If you are doing a 2nd order, add "-2" to the patient ID, and "-3" for 3rd order, and so on. Left only Right only	Layup: Light Duty Standard Duty Heavy Duty
Name: Please change to <i>your</i> name if necessary.	Suspension: Locking Suction Lanyard Other
Facility:	Distal Adapter: Lanyard Block Bulldog Pinlock Grace Plate and Lanyard
Street address:	Pull Valve Grace Plate 3-Prong Adapter Pediatric Lanyard Other
acti	Components: Standard Duty Heavy Duty Pediatric
City: State: Zip: Email: Phone:	Anterior Lateral Cut-out Posterior Cut-Out Other (explain in Special Instructions a bottom of form)
Office:	Add BOA system Anterior Lateral Door Posterior Door
CAD Instructions	Liner
Leave as is Ply Adjustment Smooth as Needed See Special Instructions	BiLam OP Flex OP Comfort (Generic for: ProFlex/Northvane) (Generic for: Northvane) (Generic for: ProFlex) ProFlex/Silicone None
PT Shape Submission	Components
Form Type: Cast Socket to Scan Positive Mold	3 Prong (COE Tray) Lamination Block (COE Tray)
Digital (Attach file to online order)	Pin (Bulldog) Rotation 4 Hole
File Name:	Rotational Adapter 22 mm
Disc Authors and a	Rotational Adapter 35 mm
Ply Adjustments Top Minus ply Plus	Offset Plates 9 mm 13 mm
ply Bottom	19 mm
mm Winus Plus Minus Plus	25 mm
ply	27 mm
<u> </u>	37 mm

Special Instructions

Rush order (extra fee \$\$)