

BILL TO:

Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928

TF Check Socket Work Order

Due Date:

Check Socket: ☐ 1 ☐ 2 ☐ 3

HiTek, LLC.
222 Turner Blvd, St. Peters, MO 63376
ph 636-387-7900 | www.HiTekFab.com

Patient

Last name:

First Initial:

PT ID:

Date cast:

Weight:

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**Practitioner**

Name:

Please change to your name if necessary.

Facility:

Street address:

City:

State:

Zip:

Email:

Phone:

Office:

CAD Instructions☐ Leave as is☐ Ply Adjustment☐ Smooth as Needed☐ See Special Instructions**Shape**☐ HiTek Fusion Interface 1.0 - Suction☐ Other☐ HiTek Fusion Interface 2.0 - Lanyard**Fab Instructions**Suspension: ☐ LanyardDistal Adapter: ☐ Lanyard Block ☐ 3 Prong ☐ Suctions ☐ 4-hole Rotating☐ Pull ValveCTFV
Valve☐ Other (Note Part# & Vendor in Special Instructions)**PT Shape Submission**Form Type: ☐ Cast ☐ Socket to Scan ☐ Positive Mold☐ Generate from measurements☐ Digital (Attach file to online order)

File Name: _____

Liner☐ Bock Lite☐ Keasy Liner☐ EVA 35☐ EVA 45☐ Polyethylene☐ BiLam☐ OP Flex (Black)☐ OP Comfort

(Generic for: ProFlex/Northvane)

(Generic for: Northvane)

(Generic for: ProFlex)

☐ ProFlex/Silicone☐ OP Flex Comfort☐ None

(Generic for: Northvane white)

Circumferences at:**Measurements:**

0 mm

mm

30 mm

mm

60 mm

mm

90 mm

mm

120 mm

mm

150 mm

mm

180 mm

mm

210 mm

mm

240 mm

mm

270 mm

mm

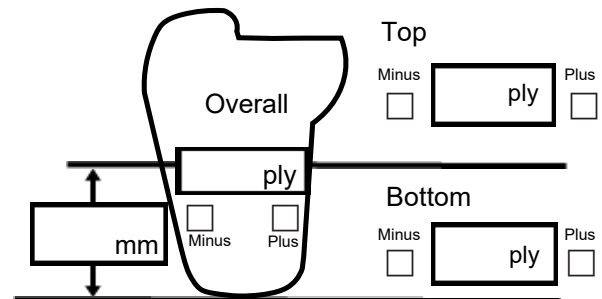
300 mm

mm

Flexion

Abduction

Total Length

Ply Adjustments**Special Instructions**☐ **Rush order** (adds \$20)