

BILL TO:

Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928

TF Final Fab Order

Date Due: _____

☐ New Prosthesis ☐ Replacement Socket ☐ Socket Remake

Please explain why socket needs remake:



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

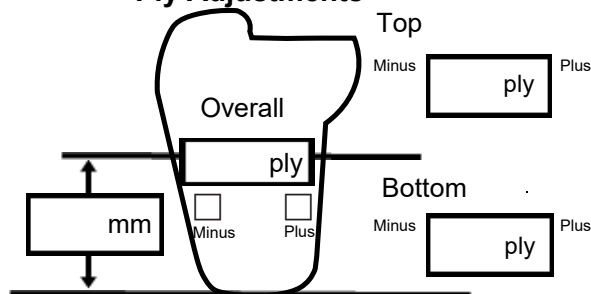
PT Shape Submission

Form Type: ☐ Cast ☐ Socket to Scan ☐ Positive Mold

☐ Digital (Attach file to online order)

File Name: _____

Ply Adjustments



Fab Instructions

Socket Print/

Skin Tones:

Transfer Pattern:

☐ Custom Pattern

(Make note in Special Instructions.)

Layup:

Light Duty

Standard Duty

Heavy Duty

Suspension:

Locking

Suction

Lanyard

Other

Distal Adapter:

Lanyard Block

Bulldog Pinlock

Grace Plate and Lanyard

Pull Valve

Grace Plate

3-Prong Adapter

Pediatric Lanyard

Other

Components:

Standard Duty

Heavy Duty

Pediatric

☐ Anterior Lateral Cut-out

☐ Posterior Cut-Out

Other
(explain in Special Instructions at bottom of form)

Add BOA system

Anterior Lateral Door

Posterior Door

Liner

☐ BiLam

☐ OP Flex

☐ OP Comfort

(Generic for: ProFlex/Northvane)

(Generic for: Northvane)

(Generic for: ProFlex)

☐ ProFlex/Silicone

☐ None

Components

☐ 3 Prong (COE Tray)

☐ Lamination Block (COE Tray)

☐ Pin (Bulldog)

☐ Rotation 4 Hole

☐ Rotational Adapter 22 mm

☐ Rotational Adapter 35 mm

Offset Plates

9 mm

13 mm

19 mm

25 mm

27 mm

37 mm

Special Instructions

☐ Rush order

(extra fee \$\$)