

BILL TO:

Cascade Orthopedic Supply
2638 Aztec Drive • Chico, CA 95928

TT 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: _____

Fab InstructionsSocket Print/
Skin Tones: _____

Transfer Pattern: _____



Custom Pattern

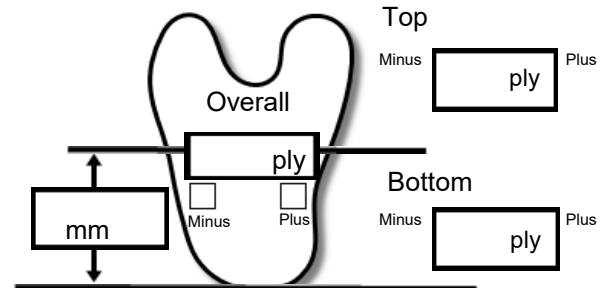
(Make note in Special Instructions.)

Layup: _____

Components: _____

☐ Distal Pad☐ Add Vacuum Line☐ Leather Edge of Socket☐ Add BOA System**Liner**☐ Bock Lite☐ Keasy Liner☐ EVA 35☐ EVA 45
Standard☐ Polyethylene☐ BiLam☐ OP Flex (Black)☐ OP Comfort☐ ProFlex/Silicone☐ OP Flex Comfort☐ None

(Generic for: Northvane white)

Components☐ 3 Prong (COE Tray)☐ Lamination Block (COE Tray)☐ Pin (Bulldog)☐ Rotation 4 Hole☐ Rotation Adapter☐ Female Receiver - Low profile rotating☐ Suction Valve☐ Female Receiver - 22mm Rotating☐ 4 Hole Pyramid☐ Female Receiver - 35mm Rotating**Ply Adjustments****Special Instructions**☐ **Rush order** (adds \$20)

Instructions must not exceed 970 characters.
(Could cause error with online submission.)