

**Office Use Only**

Date Received: \_\_\_\_\_ Required Landmarks \_\_\_\_\_

Required Measurements Supplied \_\_\_ Workorder Complete \_\_\_

Ship To Address: \_\_\_\_\_

PO # \_\_\_\_\_

Practitioner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Left Right Height \_\_\_\_\_ Weight \_\_\_\_\_ Activity Level: 1 2 3 4 Sex: M F

Date Measured: \_\_\_\_\_ Date Required: \_\_\_\_\_ Age: \_\_\_\_\_

### 1. Procedure

- Test Socket
  - Clear/PETG
  - Orfitrans Stiff
- Definitive Socket

### 2. Design

- Endoskeletal
- Exoskeletal

**Socket Attachment**

- None
- 3 Prong (M or F)
- Four Hole Plate
- Other \_\_\_\_\_

### 3. Suspension

- None
- Supply Lock (Y / N)
  - Bulldog
  - Kiss
  - Fillauer 3S
- Expulsion Valve Type \_\_\_\_\_
  - Lynn
  - Elevated Type \_\_\_\_\_

### 4. Insert/Liner Material

- None
- Pelite - Distal Pad Y / N
- Thermoplastic - Specify Type  
Final Thickness \_\_\_\_\_
  - MPE
  - Proflex with Silicone
  - Proflex without Silicone
  - Other \_\_\_\_\_

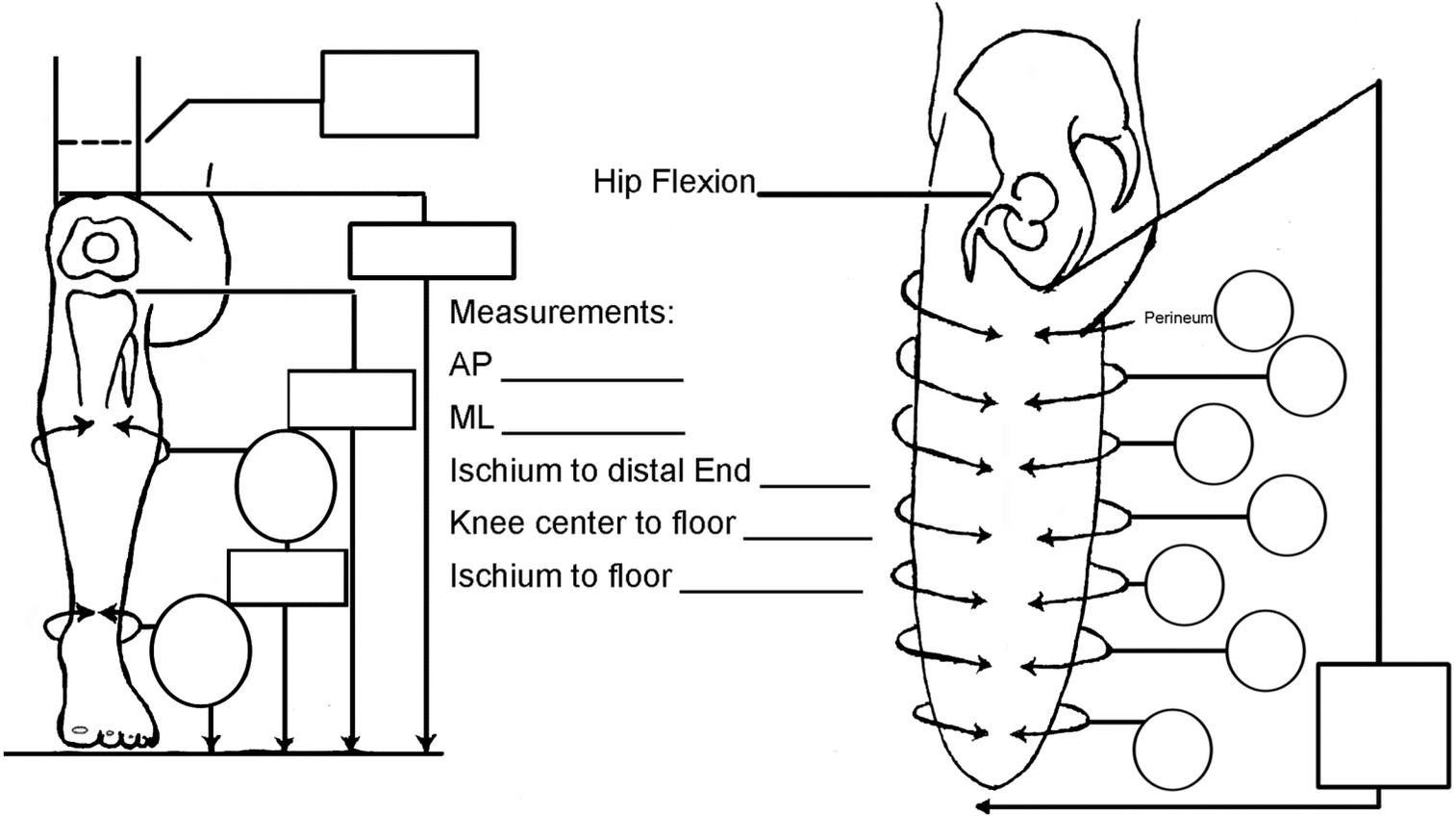
### 5. Socket and/or Frame Material

- AME/Epoxy
  - Layup**
    - Std.
    - Heavy Duty
  - Finish**
    - Carbon
    - Decorative Sleeve
    - PRS Color \_\_\_\_\_

### 6. Cover

- Yes
  - Type**
    - Otto Bock  Other \_\_\_\_\_
    - 1 pc.      2pc.
    - Skin \_\_\_\_\_
- No

**\* Our Guarantee...**  
Requires work order, measurements and alignment line.  
Accurate and complete data provided by you, shall enhance our mutual goal of "Total" Customer Satisfaction.



**BILL TO:**  
**Cascade Orthopedic Supply**  
 2638 Aztec Drive • Chico, CA 95928

**Notes/Comments/Parts to Order:** \_\_\_\_\_

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