



HiTek Fab
 222 Turner Blvd, St. Peters, MO 63376
 PH (636) 385-6370 **HiTekFab.com**

HT-TF-LNR-CSTM

Transfemoral Custom Silicon Liner

Patient	Last name:			
	First Initial:			
	P. ID.	Left Only	Right Only	Bilateral
	Practitioner:			
	Facility:			
Due Date:				

Special Instructions

Rush order
 (*adds extra charge)

HT-TF-LNR-CSTM

Description	Quantity
Transfemoral Custom Silicon Liner	

Wall Thickness

- Uniform (Standard 6mm)
- Tapered (Standard 6mm Distal Taper to 3mm Proximal)

Locking Mechanism

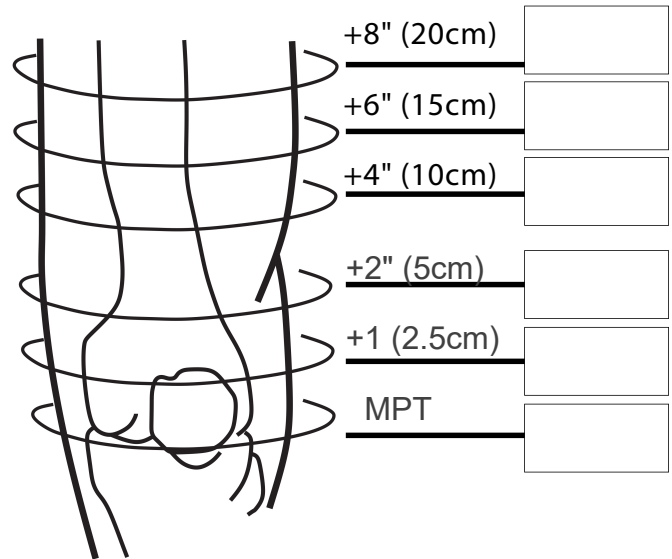
- None/Cushion
 - Pin Locking*
 - Seal-in Liner
- (Cover required for Pin Locking)*

Finish

- No Cover - Tacky Outer (Standard)
- Slide - Slippery Outer Surface
- Full Cover
- Partial Cover Height _____ mm

If Cover, Select Color

- Black
- Light Gray



_____ Length of residual limb from MTP to distal end.

Check one: cm in