Advanced O & P SOLUTIONS
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Transtibial Prosthetic Order Form

PATIENT INFORMATION

Patient Name: _____ Today's Date: _____ **Due Date:** _____

Patient ID#: _____ Account #: _____ P.O. #: _____

Sex: ☐ M ☐ F **Affected Side:** ☐ Left ☐ Right ☐ Bilateral Facility: _____ Practitioner: _____

Age: _____ Color: _____ Bill To: _____ Ship To: _____

Weight: _____ MTP: _____ _____ _____

Activity Level: ☐ Low ☐ Moderate ☐ High ☐ Very High _____ ☐ Ground ☐ 2 Day ☐ Next Day

ORDER DETAILS

① Procedure: ☐ N/A

☐ Test Socket ☐ Transfer
☐ Permanent Socket ☐ Finish

☐ Vivak ☐ 1/8
☐ Surylan ☐ 3/16
☐ CoPoly ☐ 1/4

☐ Blister ☐ Drape

② Design: ☐ N/A

☐ Endoskeletal ☐ Exoskeletal

☐ Shoe with Px ☐ No Shoe
Heel Height: _____
Foot Size: _____
Part #: _____

Componentry: ☐ Temporary ☐ Definitive

Pylon Material: ☐ Aluminum ☐ Titanium ☐ Steel

Pylon Diameter: ☐ 22mm ☐ 30mm ☐ 34mm

Socket Attachment: ☐ 3 Strap ☐ 5R1 ☐ Receiver ☐ Pyramid ☐ Rotatable

③ Insert: ☐ N/A

☐ BockLite 3mm ☐ PeLite 1/8
☐ BockLite 6mm ☐ PeLite 3/16

④ End Pad: ☐ N/A

☐ Plastizote ☐ Aliplast
☐ Other: _____

☐ 1/8 ☐ 3/16
☐ 1/4 ☐ 1/2

Add-Ons: ☐ Stove Pipe ☐ Pull Straps

⑤ Socket: ☐ N/A

☐ Polyester ☐ Carbon
☐ Epoxy ☐ Fiberglass
☐ Acrylic

Layup: ☐ 1 ☐ 2 ☐ 3 ☐ 4

☐ Carbon Frame ☐ CoPoly
☐ Flexible Inner Socket

⑥ Suspension: ☐ N/A

☐ SPSC ☐ SC
☐ Sleeve ☐ Harmony
☐ Shuttle Lock
Type: _____
Part #: _____

☐ Suction Valve
Type: _____
Part #: _____

☐ Cuff ☐ Fork Strap
☐ Waist Belt ☐ Joint/Corset
☐ Pull Hole

Door Opening: ☐ Medial ☐ Posterior

⑦ Cover: ☐ N/A

☐ Bock Soft ☐ Bock Firm
☐ OWW ☐ PE Shell
☐ Other: _____

☐ Sink
☐ Rough Shape (1" Over)
☐ Shape to Tracing
☐ Shape to Measurements

ADDITIONAL INSTRUCTIONS / ITEMS TO ORDER