



Patient Information

Name: _____
 Left Weight: _____
 Right Activity Level: _____
 Bilateral

Stabileflex® Transtibal Socket Workorder Rev. 05102023

PO#: _____ Date Needed: _____ Received: _____ By: _____
 Rush Charge Lab use only
 Practitioner: _____
 Company: _____ Ship to (if different): _____
 Address: _____
 City, State, Zip: _____
 Email: _____ Shipping Method: _____
 Phone: _____ UPS/Fedex #: _____



Prep Fill/Modify are typically 1 unit for pediatric, 2 for adult, and 3 for large AKs/hips/chest

FF Fill _____
 FM Modify FA _____
 Adjust _____
 FT Transfer _____
 MTP to Floor _____
 Ext/Flexion Angle _____
 Ab/Adduction Angle _____
 Neutral

Connector Alignment Standard offset is 0.5"

Posterior _____
 Anterior _____
 Medial _____
 Lateral _____

BK Type

FBKT1 BK Test Socket
 FBKT2 BK Vivak Socket
 FBKD1 BK Def. Socket
 FSYT Symes Test Socket
 FSYD Symes Def. Socket

Plastic

Copoly
 FHDT 1/4" Heavy Duty Upgrade

Lamination

Light
 Standard
 FHDL Heavy Duty

Finish

Braid
 Solid
 Fabric

Pigment

Black
 Brown
 Caucasian
 Latino
 Other _____

Inner Flexible

FBF1 BK Ofitrans Excel Final Thickness 5/32" 3/16"
 FBF2 BK Keasy Cone
 None

Add. Padding Add padding to blend out bulbous end

Stovepipe

Valve/Vac

CD105 CQL Valve
 ZVB Vacuum Barb
 Other _____
 None

CS Customer Supplied

Quality Assurance

___ Smooth edges ___ Seal test ___ Mods
 ___ Symmetrical trim ___ Comp. Loctited ___ Pull
 ___ Pads glued/Incl. ___ All parts Incl. ___ Finish
 ___ Lock working ___ Proj. tote cleared ___ QA
 ___ Correct Alignment ___ Engraved P.O. ___ Finish Date

Locks

<input type="checkbox"/> CD101	Summit Lock (Retrofit)	<input type="checkbox"/>
<input type="checkbox"/> CD102	Low-Pro Summit	<input type="checkbox"/>
<input type="checkbox"/> CD103	Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD103D	Deep Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD103L	Lanyard Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD103M	Medium Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD103MD	Deep Med. Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD103S	Small Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD103SD	Deep Small Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD116	Proximal Lock	<input type="checkbox"/>
<input type="checkbox"/> CD117	Easy-Off Lock	<input type="checkbox"/>
<input type="checkbox"/> CD117D	Deep Easy-Off Lock	<input type="checkbox"/>
<input type="checkbox"/> CD120	Plastic Lanyard Lock	<input type="checkbox"/>
<input type="checkbox"/> CD122A	Drop-in Air-Lock	<input type="checkbox"/>
<input type="checkbox"/> CD122E	Drop-in Easy-off	<input type="checkbox"/>
<input type="checkbox"/> CD104	Grommet Lock	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>
<input type="checkbox"/> None	_____	<input type="checkbox"/>

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Connectors/Adaptors

<input type="checkbox"/> CD103AF	Alignable Four	<input type="checkbox"/>
<input type="checkbox"/> CD103MDI	Multi-direction Offset	<input type="checkbox"/>
<input type="checkbox"/> CD103SDI	Single Direction Offset	<input type="checkbox"/>
<input type="checkbox"/> CD106	Alignment Coupler	<input type="checkbox"/>
<input type="checkbox"/> CD108	Integrator	<input type="checkbox"/>
<input type="checkbox"/> CD108S	Small Integrator	<input type="checkbox"/>
<input type="checkbox"/> CD111	One-Shot Connector (def only)	<input type="checkbox"/>
<input type="checkbox"/> CD115CF5	5° Lanyard Connector	<input type="checkbox"/>
<input type="checkbox"/> CD119SC	Test Socket Connector	<input type="checkbox"/>
<input type="checkbox"/> CD103PFF	Pediatric Fast Four Connector	<input type="checkbox"/>
<input type="checkbox"/> CD103PAF	Pediatric Alignable Connector	<input type="checkbox"/>
<input type="checkbox"/> Other	_____	<input type="checkbox"/>
<input type="checkbox"/> None	_____	<input type="checkbox"/>

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Hourly Labor FHL _____

Additional Notes

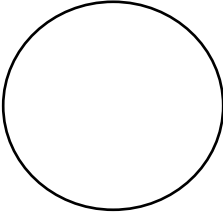
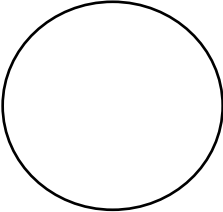
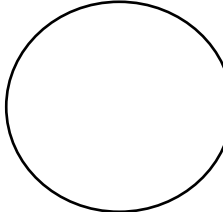
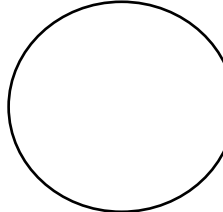
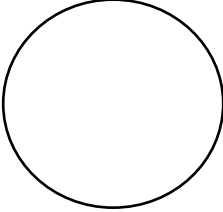
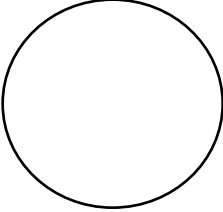
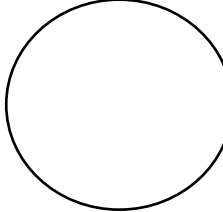
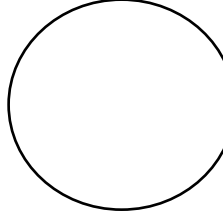
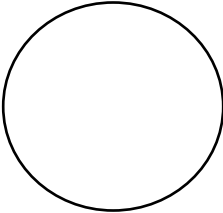
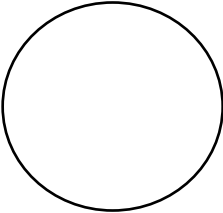
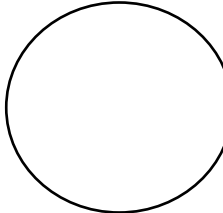
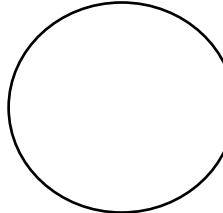
Send cast/parts to: Coyote, 419 N. Curtis Rd., Boise, ID 83706

STABLFLEX TRANSTIBIAL SOCKET MEASUREMENTS

All measurements are in full extension over gel liner. Mark all measurement locations with a small yellow foam dot. (mid patella, apex of condyles medial and lateral, 2 inches proximal to mid patella)

Large dots for problem areas. Fib head, distal tibial etc.

and Medial Flair at Fibular Head level

	Plaster Model	%Reduction	Target	Final
MTP Circumference				
Fib Head Circumference				
Distal Circumference				

Flexion Contracture _____

Sound side MTP to Floor _____

Foot Manufacturer _____

Side and Size _____

Gel Liner _____

Lock Mechanism _____

Other Components _____

Trimlines

Anterior _____

Posterior _____

Lateral _____

Medial _____

Add in hamstring modification.

Distal Mold Extension

1cm

2cm

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