TILLGES
TECHNOLOGIES

CUSTOM PROSTHETIC ORDER FORM

Customer ID: ______________ Order Date: ______________ PO#: ______________

BILLING INFORMATION

Facility: ______________ Contact Name: ______________

Address: ______________ City: ______________ State: ________ Zip: ________

Phone: ______________ Fax: ______________ Email: ______________

SHIPPING INFORMATION

☐ Same as Billing

Facility: ______________ Practitioner: ______________ Cell #: ______________

Address: ______________ City: ______________ State: ________ Zip: ________

Phone: ______________ Fax: ______________ Email: ______________

SHIPPING INSTRUCTIONS

☐ Next Day Air ☐ 2nd Day Air ☐ 3rd Day Air ☐ Ground

PATIENT INFORMATION

Last Name: ______________ First Name: ______________

☐ Male ☐ Female Age: ________ Weight: ________ Height: ________ ☐ LT ☐ RT ☐ BIL ☐ Scan ☐ Cast

Diagnosis/Special Instructions: ______________

____

FABRICATION INSTRUCTIONS

TYPE OF BRACE

☐ Symes
☐ Below-the-Knee
☐ Knee Disartic
☐ Above-the-Knee

TYPE OF SOCKET

☐ Test Socket
☐ Definitive Socket

TYPE OF SUSPENSION

☐ SupraCondylar
☐ Pin System
☐ Suction
☐ Vacuum
☐ Lanyard
☐ Other ______________

FLEXIBLE INNER (THICKNESS)

☐ Orfitrans Clear
☐ Proflex w/Silicone
☐ Pelite
☐ None

SOCKET MATERIALS

☐ 1/8 PETG
☐ Carbon
☐ Fiberglass

COLOR/FINISH

☐ Black Carbon
☐ Fabric ______________ Sent w/Cast ☐Y ☐N
☐ Skin Tone# ______________ (Ottobock)

CONTRACTURE

☐ Knee ______________
☐ Hip ______________

ALIGNMENT

☐ Transfer Alignment
☐ Bench Alignment
☐ Parts Sent w/Cast ☐Y ☐N
☐ Parts Ordered ______________

____

____

****WE WILL NOT ACCEPT JOBS WITHOUT PATIENT'S WEIGHT OR HEIGHT ON THE FORM.**

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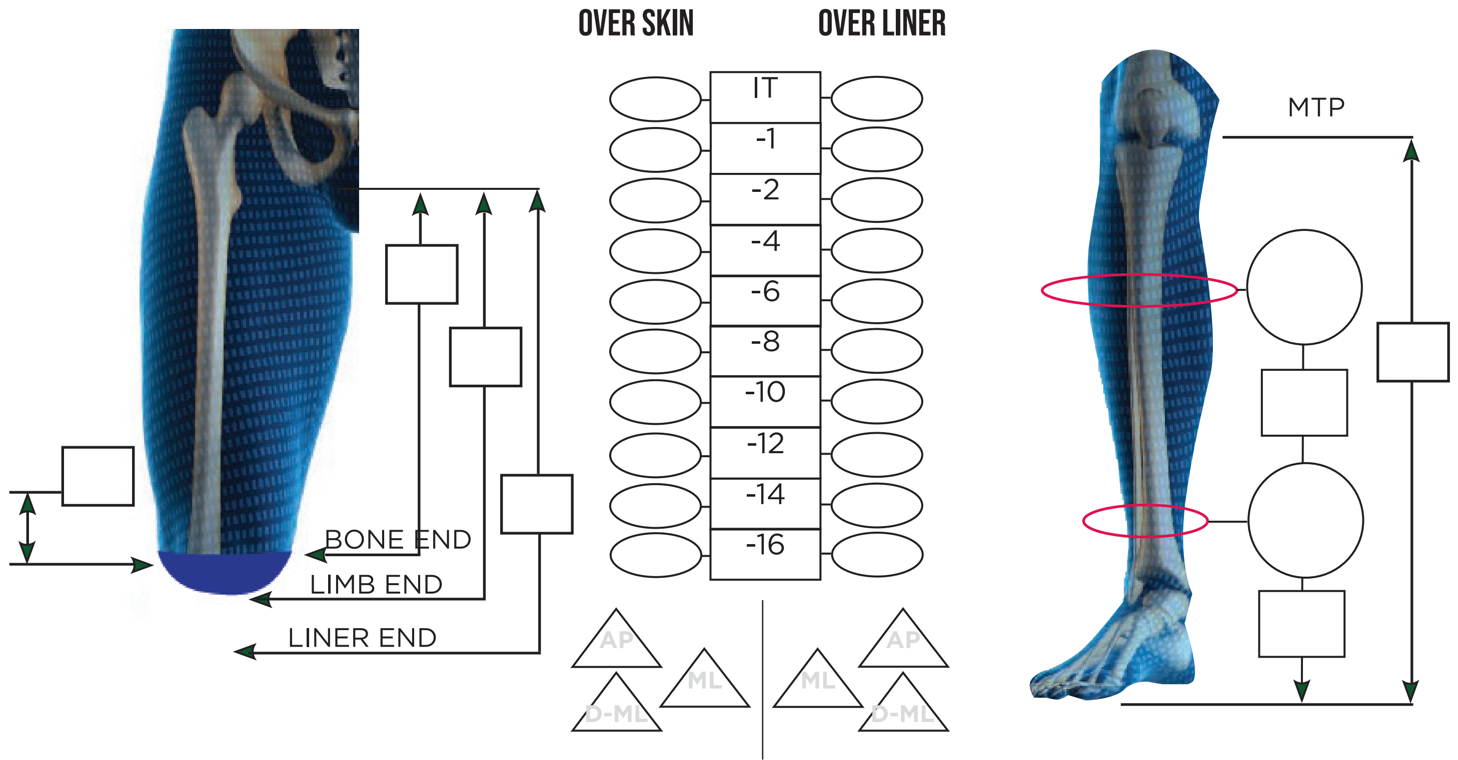
ABOVE-THE-KNEE MEASUREMENTS



BELOW-THE-KNEE MEASUREMENTS

OVER SKIN

OVER LINER

MTP

BONE END

LIMB END

LINER END

+10
+8
+6
+4
+2
+1
MTP
-1
-2
-3
-4
-5
-6
-7
-8

AP

ML

ML

AP

MTP

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