

Work Order - TT Check Socket

PO#

Patient ID

*Facility

*Ordered by

*Date

*Phone

Email

Please contact MOT Inc. for turnaround times
before sending any projects.
1-877-395-0081 or
fabrication@myrdalorthopedics.com

Affected side:☐ Bilateral ☐ Left ☐ Right**Plastic Type:**☐ Orfitrans Stiff
☐ PETG**Plastic Thickness:**☐ 8mm ☐ 10mm ☐ 12mm ☐ 15mm***Frame Size:**☐ MOT Discretion

☐ 16" Round Frame
☐ 18" Round Frame
☐ 24" Round Frame**Valve Required:**☐ No
☐ Yes (please list):**Distal Component Required:**☐ No
☐ Yes (please list):***Desired Alignment:**☐ Neutral - MOT Discretion

☐ Flexion Angle:

*MOT Inc. assumes no responsibility for incomplete or inaccurate information on this work order.

Any missing info or specifications required to complete a project may be populated by MOT Inc. at their discretion.

No refunds on custom fabricated devices, warranty applies to material defects only. Device fit is the responsibility of the clinician.