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CJ SOCKET SAIL ORDER FORM

Internal use only

Serial # _____

Date in _____

Date out _____

TFB _____

Shipping: UPS Next Day Other: _____

Patient Name: _____ K Level: 1 2 3 4

Patient Height: _____, Patient Weight: _____, Amputated Side: Left Right

Material Color: Black Coyote (Brown)

Closure Options: Standard (1:1) Closure, 1.5" Velcro Attached to Batten
 (2:1) Closure, 1.5" Loops Attached to Batten. **(Customer supplies Velcro Straps)****
 (2:1) Closure, 1" Loops Attached to Batten, 1" Pressure Buckles with Dacron Strap (No Velcro)

Other Options: Proximal Arc (for very Conical or Flexed Residual Limbs, Degrees of Socket Flexion _____ (Required)
 Darts Sewn into Sail (for Irregular Shaped Residual Limbs) Dart Measurements (H" x W"): _____
 This is a Replacement Sail for and existing socket, No Holes Needed
 OPEN FLAP Design – Medial Side of Sail Will Not Have Attachment Holes – Secured by Closure Choice Above
 ****CJ Socket to Make Dacron-backed Velcro Straps** (to be used with (2:1) Closure, 1.5" Loops Attached to Batten)

Special Instructions: _____

