

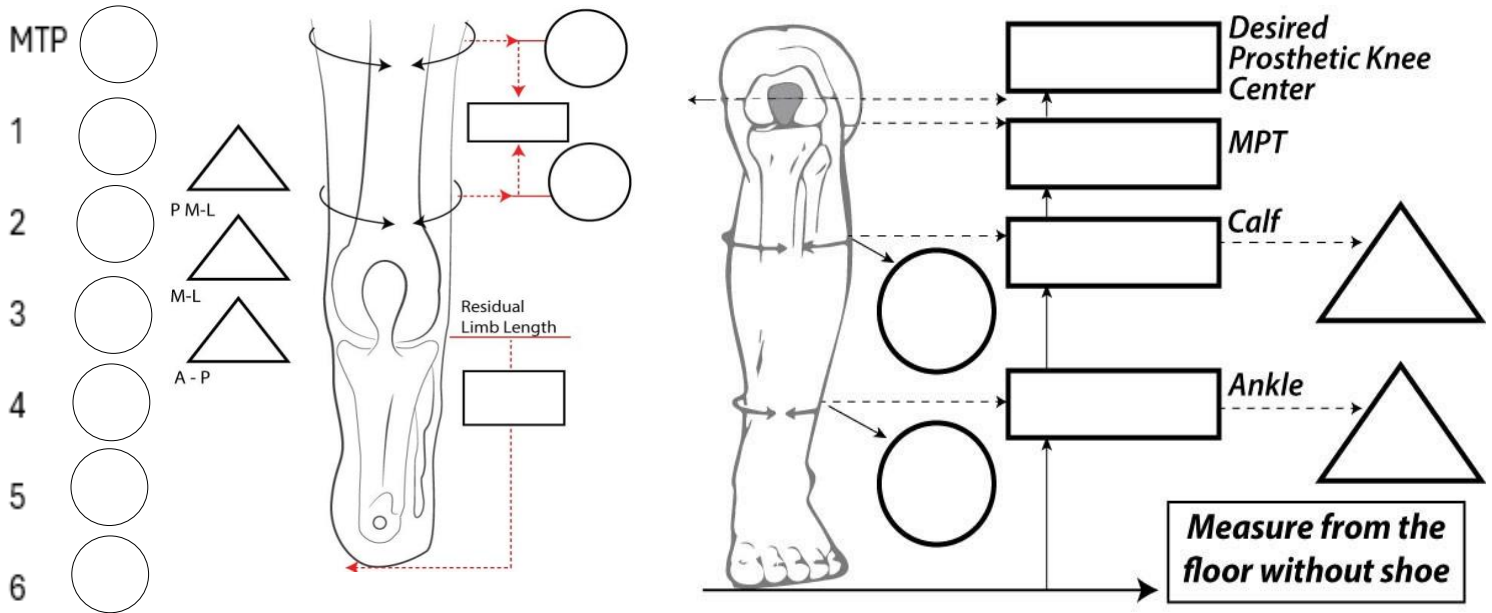
CLINIC NAME: _____ **CONTACT PHONE:** _____
PO #: _____ **TODAY'S DATE:** _____ **DUE DATE:** _____
CLINICIAN NAME: _____ **CLINICIAN PHONE #:** _____
SHIP TO ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____
SHIP VIA UPS or USPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY **Shipper ID:** _____

PATIENT NAME/ID: _____ **MALE / FEMALE** **HEIGHT:** _____ **WT:** _____ **AGE:** _____

LEFT | RIGHT | TEST SOCKET | PREP SOCKET | ENDO | EXO | DEFINITIVE | TRANSFER AND FINISH

*BILATERAL (FOR BILATERAL PLEASE FILL OUT ONE FORM FOR EACH SIDE)

K- LEVEL: 1 2 3 4



Socket Type: (please circle one)
 PETG Socket / Thermolyn / Polypro / Carbon Braid / Heavy Duty
 Layup / Fiberglass / Window Frame
 Cuff Strap

Shuttle Lock Type: _____
 Supra-Condylar / Supra - Patellar / PTS Wedge

Expulsion Valve Type: _____
 Elevated Vacuum: _____

Distal Attachment: (please circle one) 4 Hole Plate / Pyramid / Steel / Titanium / Aluminum / Woodblock / None or Other: _____

Soft Inner Socket: (please circle one) Pelite / Bocklite / Distal Pad / Dacron Pull Tabs / OP Flex / OP Flex Comfort / MPE

Covering: (please circle one) Stockings / Skin Color _____ Lamination pigment color: _____
 Knee contracture _____°

Additional Notes: _____

