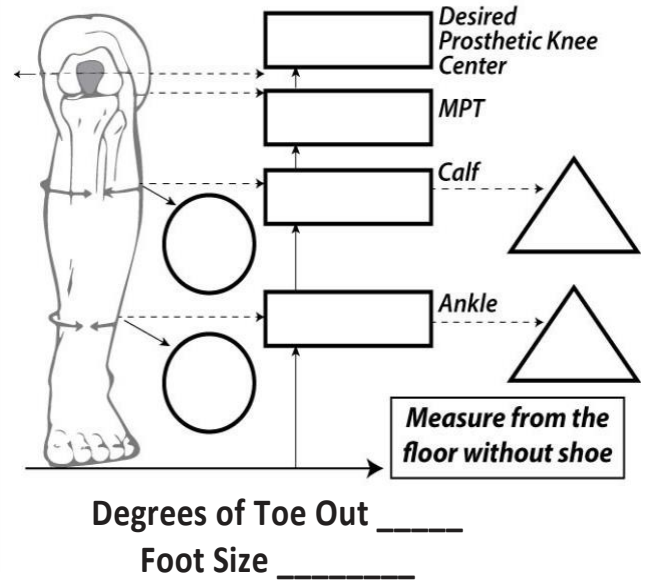
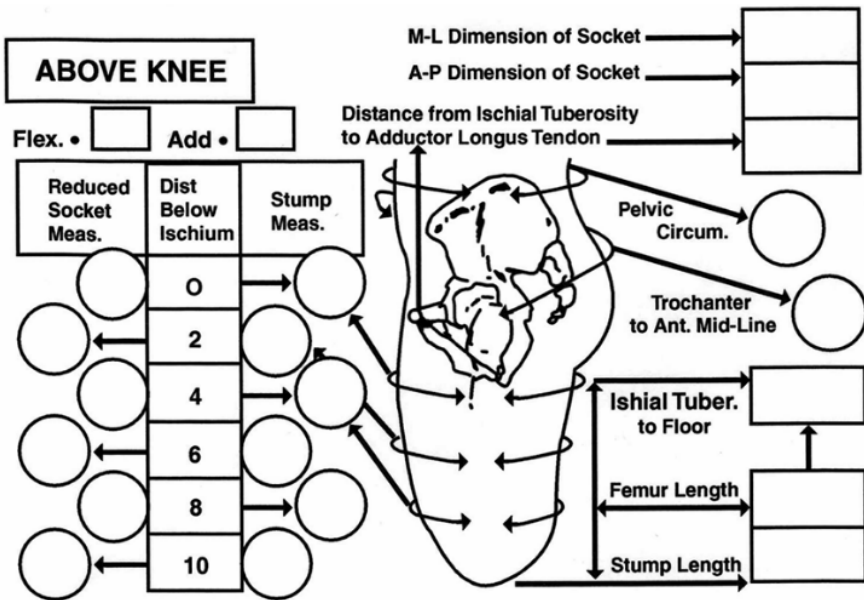


**CLINIC NAME:** \_\_\_\_\_ **CONTACT PHONE:** \_\_\_\_\_  
**PO #:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_ **DUE DATE:** \_\_\_\_\_  
**CLINICIAN NAME:** \_\_\_\_\_ **CLINICIAN PHONE #:** \_\_\_\_\_  
**SHIP TO ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
**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)** Hip Disartic. Above Knee Knee Disartic.  
 Ischial Containment / Sub Ischial Endoskeletal / Exoskeletal  
 PETG Socket (Blister or Drape) / Thermolyn / Polypro / Carbon Braid / Heavy Duty Layup / Fiberglass / Window Frame  
 3mm (1/8") 5mm (3/16") 6mm (1/4") 10mm (3/8") 13mm (1/2")  
 Shuttle Lock Type: \_\_\_\_\_  
 Lanyard: \_\_\_\_\_  
 Expulsion Valve Type: \_\_\_\_\_  
 Elevated Vacuum: \_\_\_\_\_  
**Distal Attachment: (please circle one)** 4 Hole Plate / Pyramid / /rotatable/ Male / Female / Steel/ Titanium/ Aluminum/ Woodblock/ None or Other: \_\_\_\_\_  
**Soft Inner Socket: (please circle one)** OP Flex / OP Flex Comfort / MPE / Proflex / / Proflex- Silicone/ Northvane  
**Covering: YES NO (please circle one)** Stockings / Skin Color \_\_\_\_ Lamination pigment color: \_\_\_\_\_  
 Hip flexion contracture \_\_\_\_\_° Return cast: YES NO Return Check Socket: YES NO

Additional Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_