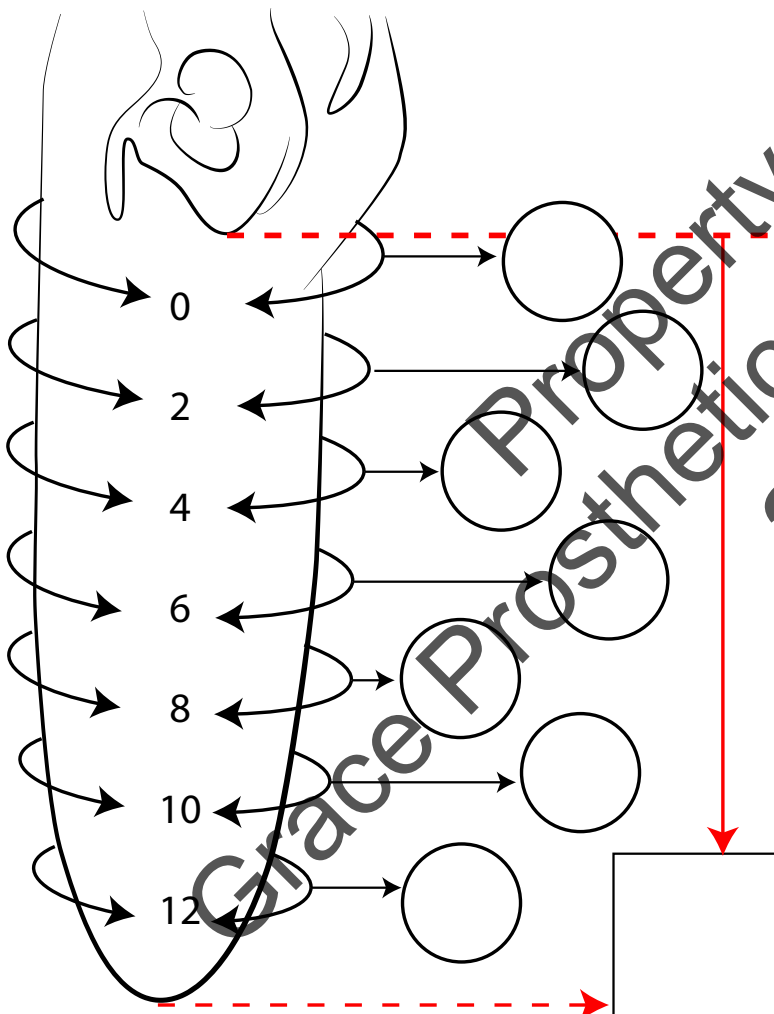


NAME OF PATIENT: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_  
 PO# \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_ REQUESTED BY DATE: \_\_\_\_\_  
 CLINIC NAME: \_\_\_\_\_ PRACTITIONER'S NAME: \_\_\_\_\_  
 SHIP TO ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 SHIP VIA UPS: GROUND /3DAY/2DAYAM /2ND DAY /NEXT DAY /NDS /NDAM SHIPPER ID: \_\_\_\_\_

PATIENT AGE: \_\_\_\_ M / F HEIGHT: \_\_\_\_ WT: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 TEST SOCKET / PREP SOCKET / DEFINITIVE/ TRANSFER AND FINISH  
 LEFT / RIGHT / \*BI LATTERAL (FOR BI-LATTERAL PLEASE FILL OUT ONE FORM FOR EACH SIDE)  
 ACTIVITY LEVEL: 1 2 3 4

**PLEASE CLEARLY MARK YOUR SELECTIONS**



Measurements:  
 Ischium to distal end \_\_\_\_\_  
 Ischium to floor \_\_\_\_\_  
 Knee Center to floor \_\_\_\_\_

Brim Styles (circle one)  
 NML / SNML / Aggressive / Standard Quad or  
 Other \_\_\_\_\_

Distal End Shapes: (circle one)  
 Round / Conical / Flat

Socket Type: (circle one)  
 PETG Socket / Thermolyn / Polypro / Polyester or  
 AME- Carbon Braid / Heavy Duty Layup / Fiberglass /  
 Window Frame

TES Belt Suspension/ Shuttle Lock Type: \_\_\_\_\_  
 Suction Valve Type: \_\_\_\_\_  
 Hip Joint / Pelvic Band / Silesian Band

Distal Attachment: (circle one)  
 Grace Plate / Pyramid / Wood block / None or  
 Other: \_\_\_\_\_

Flexiable Inner Socket: (circle one)  
 Pelite- Distal Pad / Polyethelene / Proflex /  
 Proflex with Silicone / Silver Shield

Covering :  
 Stockings / Skin Color: \_\_\_\_\_ / Exposed Toe /  
 Hair Illusion / Removable / 2 Piece Discontinuous

Calf \_\_\_\_\_ Ankle \_\_\_\_\_

Additional Note: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_