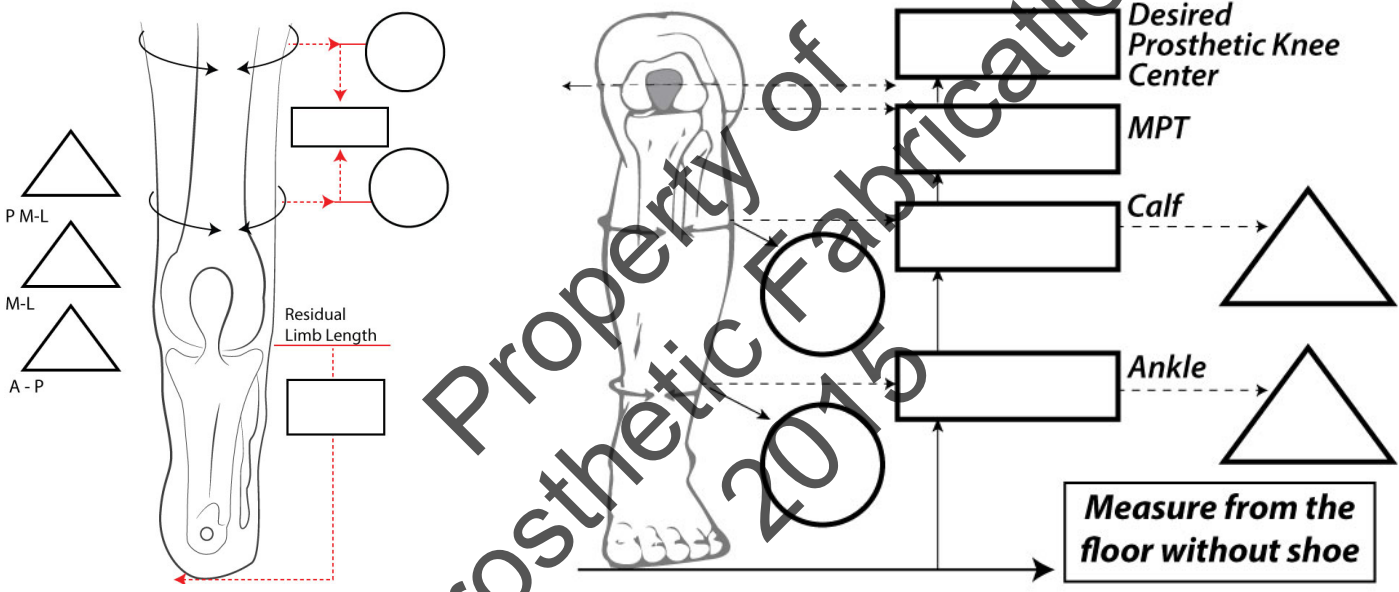


NAME OF PATIENT: _____ CONTACT PHONE: _____
 PO# _____ TODAY'S DATE: _____ REQUESTED BY DATE: _____
 CLINIC NAME: _____ PRACTITIONER'S NAME: _____
 SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 SHIP VIA UPS: GROUND /3DAY/2DAYAM /2ND DAY /NEXT DAY /NDS /NDAM SHIPPER ID: _____

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



Socket Type:
 PETG Socket / Thermolyn / Polypro / Polyester or AME- Carbon Braid /
 Heavy Duty Layup / Fiberglass / Window Frame
 Cuff Strap _____
 Shuttle Lock Type: _____
 Supra-Condylar _____
 Supra-Condylar / Supra- Patellar / PTS Wedge _____
 Expulsion Valve Type _____
 Distal Attachment:
 Grace Plate / Pyramid / Wood block / None or Other: _____
 Soft Inner Socket: Pelite- Distal Pad / Nickel Plast / PPT / Trilam Puff Insert / Cowhide Insert / Pull Tabs w/ Flexiabile Insert /
 Proflex / Proflex with Silicone / Polyethelene
 Covering: Stockings / Skin Color: _____ / Exposed Toes / Hair Illusion / Removable
 Calf _____ Ankle _____

Additional Notes: _____

