



CAD-CAM/ Test Socket Order Form

EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

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: _____
 Production: CAD-CAM / Test Socket / BOTH
 ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS

Color: Caucasian / Neroid / Other _____ Color Swatch # _____ Shoe Size: _____
 Heel Height: _____ Foot Length: _____ Ischial Tuberosity to Floor: _____ Knee Center: _____
 MPT to Floor: _____ Pelvic Circumference: _____ Calf: _____ Ankle: _____
 Fabrication Instructions: _____

CAD-CAM MEASUREMENTS:
 RESIDUAL LIMB MEASUREMENTS: _____ SUCTION: _____ PARTIAL _____
 BRIM STYLE: (PLEASE CHOOSE ONE)
 QUAD / NML / SNML / AGGRESSIVE / OTHER: _____
 0 - _____ 12 - _____ AK / BK / LEFT / RIGHT / BI-LATERAL
 2 - _____ 14 - _____ *One Form Per measurements please
 4 - _____
 6 - _____ Final _____
 8 - _____
 10 - _____

ADDITIONAL INSTRUCTIONS: _____

