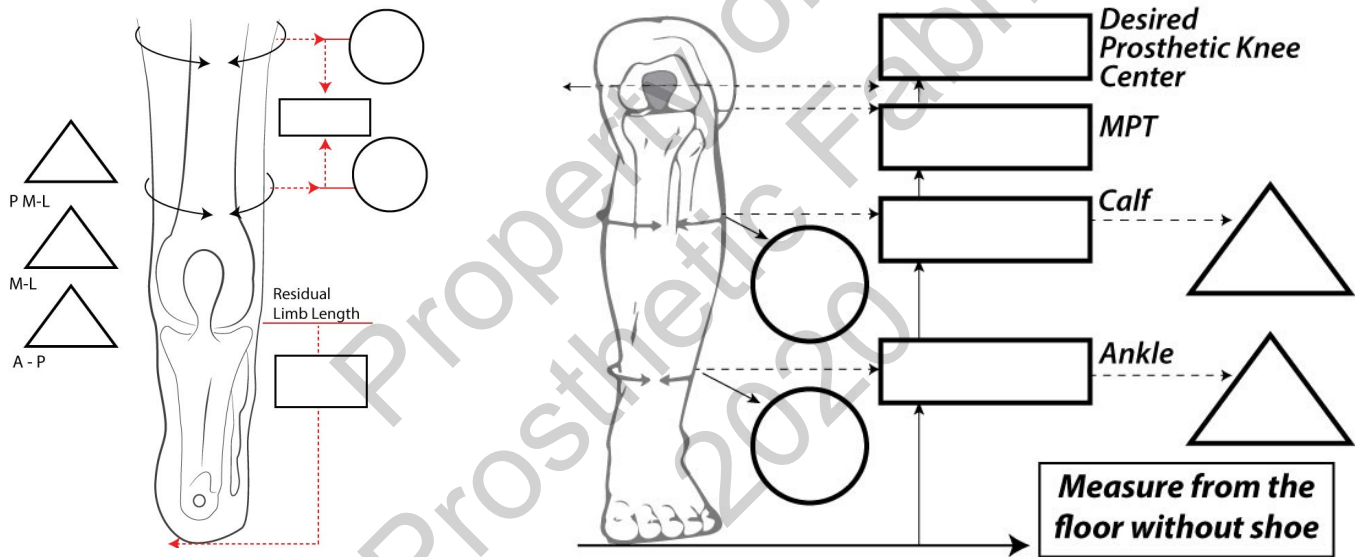


NAME OF PATIENT: _____	CONTACT PHONE: _____
PO #: _____ TODAY'S DATE: _____	REQUESTED BY DATE: _____
CLINIC NAME: _____	PRACTITIONER'S NAME: _____
SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM	
	SHIPPER ID: _____

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

PLEASE CLEARLY MARK YOUR SELECTIONS



<p>Socket Type: (please circle one) PETG Socket / Thermolyn / Polypro / AME-Carbon Braid / Heavy Duty Layup / Fiberglass / Window Frame Cuff Strap</p> <p>Shuttle Lock Type: _____</p> <p>Supra-Condylar / Supra - Patellar / PTS Wedge Expulsion Valve Type: _____</p> <p>Distal Attachment: (please circle one) Grace Plate /Pyramid /Woodblock/None or Other: _____</p> <p>Soft Inner Socket: (please circle one) Pelite - Distal Pad / Nickel Plast / PPT /Trilam Puff Insert / Cowhide Insert / Pull Tabs w/Flexible Insert / Proflex / Proflex with Silicone / Polyethelene</p> <p>Covering: (please circle one) Stockings / Skin Color _____ / Exposed Toe / Hair Illusion / Removable</p> <p>Calf _____ Ankle _____</p>	<p>Additional Note: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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