



PROSTHETIC DESIGN, INC.

CENTRAL FABRICATION

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TRANS-FEMORAL SOCKET ORDER FORM

Please complete entire form.

Company Name: _____

Customer PO#: _____

Practitioner Name: _____

Date: _____

Phone: _____

Fax: _____

Email: _____

Bill To:

Ship To: Shipping is the same as Billing

Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Date Required: _____ (Delivery Date Requested)

UPS Shipping Method:

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Ground | <input type="checkbox"/> 3 rd Day Select | <input type="checkbox"/> 2 nd Day Air |
| <input type="checkbox"/> Next Day Air | <input type="checkbox"/> Next Day Air Saver | <input type="checkbox"/> Next Day Air Early AM |

Patient Name: _____

Side: Left Right Bilateral

Activity Level: _____

Weight: _____

Height: _____

Record Measurements from Ischium:

Level	Circumference	Reduction
2"		
4"		
6"		
8"		
10"		
12"		

max
min

Seal Height from Distal
(if applicable):

Max. Height _____

Min. Height _____



Locks/Attachment Plates:

- | | | |
|--------------------------------------|---------------------------------------|-------------------------------|
| <input type="checkbox"/> REVO-LOCK-V | <input type="checkbox"/> REVO-LOCK-NV | <input type="checkbox"/> UAP4 |
|--------------------------------------|---------------------------------------|-------------------------------|

Plunger Pin:

- | | | | |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> X-XSPP | <input type="checkbox"/> X-SPP | <input type="checkbox"/> X-MPP | <input type="checkbox"/> X-LPP |
|---------------------------------|--------------------------------|--------------------------------|--------------------------------|

Connectors:

- | | | | | |
|-------------------------------------|------------------------------------|---------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> PYR | <input type="checkbox"/> PYR-SL-TI | <input type="checkbox"/> PYR-SL-R-TI | <input type="checkbox"/> STEALTH360 | <input type="checkbox"/> STEALTH360-TI |
| <input type="checkbox"/> PR-SL-R-TI | <input type="checkbox"/> PYR-TL | <input type="checkbox"/> OTHER: _____ | | |

Notes: _____

