



PROSTHETIC DESIGN, INC.

CENTRAL FABRICATION

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TRANS-TIBIAL 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:

Ground

3rd Day Select

2nd Day Air

Next Day Air

Next Day Air Saver

Next Day Air Early AM

Patient Name: _____

Side: Left Right Bilateral

Activity Level: _____

Weight: _____

Height: _____

Liner Shape Capture Method:

Cast

*Scan:

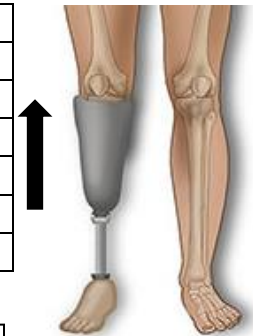
AOP

STL

OBJ

Record Measurements from Distal End:

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



Locks/Attachment Plates:

REVO-LOCK-V

REVO-LOCK-NV

UAP4

Plunger Pin:

X-XSPP

X-SPP

X-MPP

X-LPP

Connectors:

PYR

PYR-SL-TI

PYR-SL-R-TI

STEALTH360

STEALTH360-TI

PR-SL-R-TI

PYR-TL

OTHER: _____

Notes:

