

Office Use Only

Date Received: _____ Required Landmarks _____

Required Measurements Supplied _____ Workorder Complete _____

Ship To Address: _____

PO # _____

Practitioner Name: _____ Phone Number: _____

Patient Name: _____

Left Right Height _____ Weight _____ Activity Level: 1 2 3 4 Sex: M F

Date Measured: _____ Date Required: _____ Age: _____

1. Procedure

- Test Socket
 - Clear/PETG
 - Orfitrans Stiff
- Definitive Socket

2. Design

- Endoskeletal
- Exoskeletal

Socket Attachment

- None
- 3 Prong (M or F)
- Four Hole Plate
- Other _____

3. Suspension

- None
- Supply Lock (Y / N)
 - Bulldog
 - Kiss
 - Fillauer 3S
- Expulsion Valve Type _____
 - Lynn
 - Elevated Type _____

4. Insert/Liner Material

- None
- Pelite - Distal Pad Y / N
- Thermoplastic - Specify Type
Final Thickness _____
 - MPE
 - Proflex with Silicone
 - Proflex without Silicone
 - Other _____

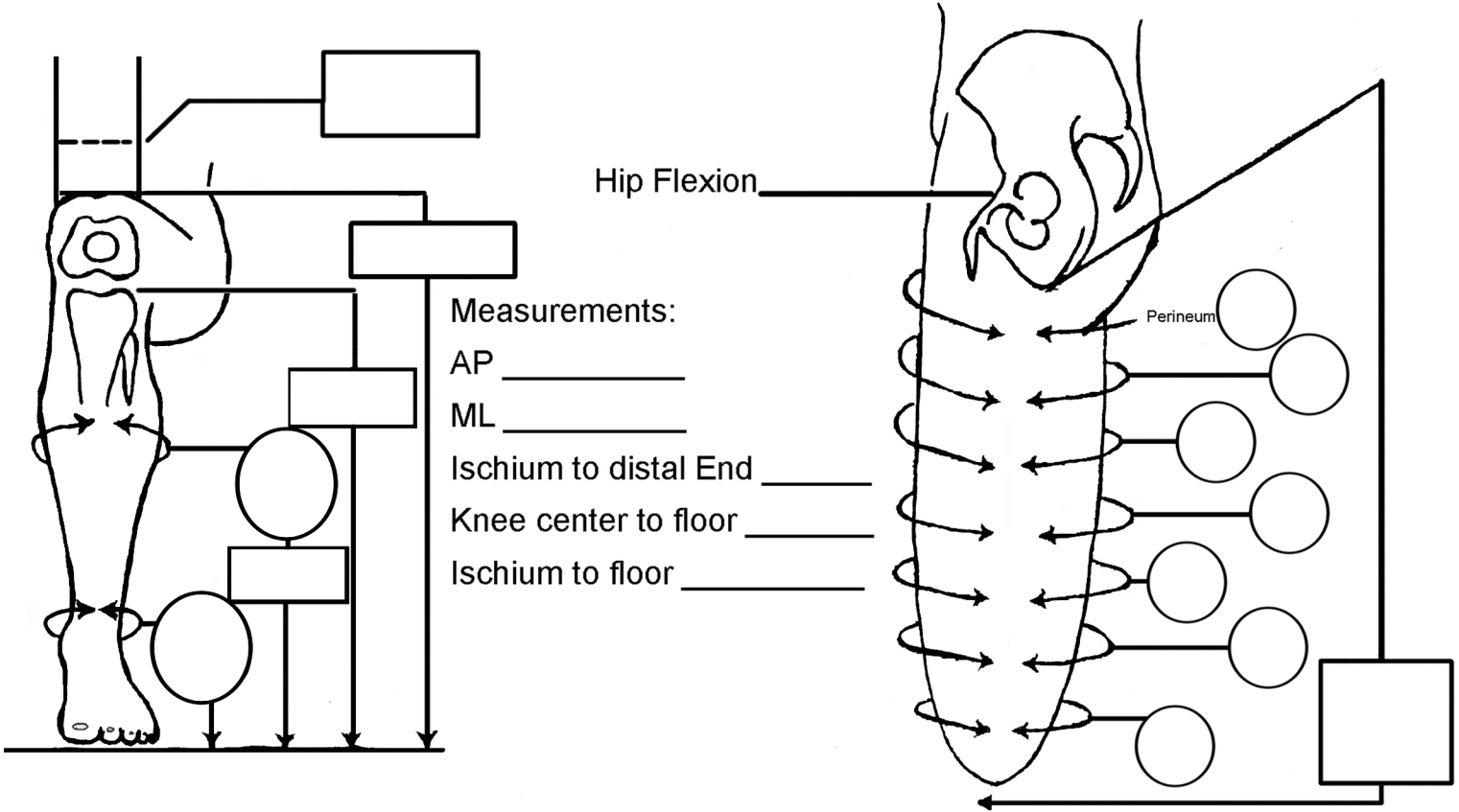
5. Socket and/or Frame Material

- AME/Epoxy
 - Layup**
 - Std.
 - Heavy Duty
 - Finish**
 - Carbon
 - Decorative Sleeve
 - PRS Color _____

6. Cover

- Yes
 - Type**
 - Otto Bock Other _____
 - 1 pc. 2pc.
 - Skin _____
- No

*** Our Guarantee...**
Requires work order, measurements and alignment line.
Accurate and complete data provided by you, shall enhance our mutual goal of "Total" Customer Satisfaction.



*Circumferences every 50mm

Notes/Comments/Parts to Order: _____

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