

Date MM/DD/YYYY

Please ship order form and items to:
15441 Scioto Darby Road, Mt. Sterling, OH 43143 USA

CUSTOMER INFORMATION

Facility / Clinic: _____

Clinician Name: _____ Bill to Account #: _____ PO #: _____

Preferred Contact Method: _____ Shipping Address Line 1: _____

Email Address: _____ Shipping Address Line 2: _____

Phone: (____) _____ - _____ City: _____ State: _____ Zip Code: _____

SHIPPING INFORMATION

Carrier: UPS FedEx Method: Ground 2-Day Next Day

PATIENT INFORMATION

Patient ID / Last Name: _____

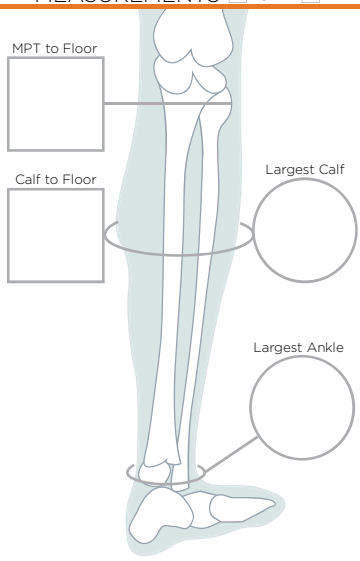
Amputation Level: TT Symes Amputation Side: Left Right Bilateral

K-Level: K1 K2 K3 K4 Height: _____ ft _____ in

Weight: _____ lbs Foot Size: _____ cm

* Requires separate order forms. Indicate side on each form

PRODUCT INFORMATION (The diagnostic socket must be the final modified version, in dynamic alignment to proceed)

MEASUREMENTS <input type="checkbox"/> cm <input type="checkbox"/> in	SOCKET MATERIAL	INSERT OPTIONS	SOCKET FINISH		
	<input type="checkbox"/> Polypropylene Copolymer (CS-DSST-201) <input type="checkbox"/> Carbon from Cast (CS-DSST-202) <input type="checkbox"/> Carbon from CAD (CS-DSST-203)	<input type="checkbox"/> No Insert <input type="checkbox"/> Polyethylene (CS-DSAD-260) <input type="checkbox"/> Proflex w/silicone (CS-DSAD-261) <input type="checkbox"/> OP-TEK Flex Black (CS-DSAD-262) <input type="checkbox"/> OP-TEK Flex Natural (CS-DSAD-263) <input type="checkbox"/> Orfit x-Soft w/silicone (CS-DSAD-264) <input type="checkbox"/> Petite Liner (CS-DSAD-460) <input type="checkbox"/> Keasy Cone Liner (CS-DSAD-461) <input type="checkbox"/> Molded Distal Cushion (CS-DSAD-462)	<input type="checkbox"/> Carbon Finish PRS Skin Tone <input type="checkbox"/> Light PRS #3 <input type="checkbox"/> Other PRS Color #_____ <input type="checkbox"/> Medium PRS #6 <input type="checkbox"/> Dark PRS #13 Decorative Lamination <input type="checkbox"/> Customer Supplied Fabric (CS-DSAD-481) <input type="checkbox"/> WW Laminating Sleeve (CS-DSAD-482) Fred's Legs Design Name _____ fredslegs.com/collections/laminating		
	PROSTHETIC HEIGHT <input type="checkbox"/> Transfer As Is <input type="checkbox"/> Shorten _____ <input type="checkbox"/> cm <input type="checkbox"/> in <input type="checkbox"/> Extend _____ <input type="checkbox"/> cm <input type="checkbox"/> in	Draw window(s) & dial(s) position on test socket <table border="0"> <tr> <td> RevoFit® <input type="checkbox"/> 1 Dial, 1 Lace, 1 Window (CS-DSAD-483 (Qty 1)) <input type="checkbox"/> Additional Dial & Lace (CS-DSAD-483 (Total Qty 2)) <input type="checkbox"/> Additional Window(s), Qty _____ (CS-DSAD-484) </td> <td> RevoLock® Lanyard <input type="checkbox"/> 1 Dial, 1 Lace (CS-DSAD-485) </td> </tr> </table>	RevoFit® <input type="checkbox"/> 1 Dial, 1 Lace, 1 Window (CS-DSAD-483 (Qty 1)) <input type="checkbox"/> Additional Dial & Lace (CS-DSAD-483 (Total Qty 2)) <input type="checkbox"/> Additional Window(s), Qty _____ (CS-DSAD-484)	RevoLock® Lanyard <input type="checkbox"/> 1 Dial, 1 Lace (CS-DSAD-485)	SOCKET OPTIONS <input type="checkbox"/> Symes Door (CS-DSAD-281) <input type="checkbox"/> Exoskeletal Lamination (CS-DSAD-290) <input type="checkbox"/> Install & Shape TTfoam Cover (CS-DSAD-291)
RevoFit® <input type="checkbox"/> 1 Dial, 1 Lace, 1 Window (CS-DSAD-483 (Qty 1)) <input type="checkbox"/> Additional Dial & Lace (CS-DSAD-483 (Total Qty 2)) <input type="checkbox"/> Additional Window(s), Qty _____ (CS-DSAD-484)	RevoLock® Lanyard <input type="checkbox"/> 1 Dial, 1 Lace (CS-DSAD-485)				

Notes:

VALVE OPTIONS	LOCK OPTIONS
<input type="checkbox"/> No Valve <input type="checkbox"/> Customer Supplied Valve (CS-DSAD-440) <input type="checkbox"/> Pushbutton Lyn BK2 Valve (CS-DSAD-442) <input type="checkbox"/> V4 Easy Line Valve (4R136) (CS-DSAD-444)	<input type="checkbox"/> No Lock <input type="checkbox"/> Add space for lock (CS-DSAD-420) Type: _____ <input type="checkbox"/> Customer Supplied Lock (CS-DSAD-421) <input type="checkbox"/> G-Lock (700-GL480) (CS-DSAD-422) <input type="checkbox"/> Coyote Air-Lock + Alignable Connector + Direction Insert (CS-DSAD-423)
MOUNTING PLATE OPTIONS <input type="checkbox"/> No Plate <input type="checkbox"/> Customer Supplied Plate (CS-DSAD-401) <input type="checkbox"/> WW Gray Attachment Block (700-250) (CS-DSAD-402)	<input type="checkbox"/> Coyote Air-Lock (CD 103) (CS-DSAD-424 + CS-DSAD-401 to 408) <input type="checkbox"/> Genesis Bulldog Lock (3GEN-A) (CS-DSAD-425) <input type="checkbox"/> Fillauer Shuttle Lock (125234) (CS-DSAD-426) <input type="checkbox"/> Fillauer - Nut Only (809732) (CS-DSAD-427) <input type="checkbox"/> Alpha Lock (700-AIS480) (CS-DSAD-432)
<input type="checkbox"/> LLV 4-Hole Plate (LLV-01041) (CS-DSAD-403) <input type="checkbox"/> Bulldog FHLA-10 (CS-DSAD-408)	WW SS 3-Prong <input type="checkbox"/> Prong only (FND-268002) (CS-DSAD-404) <input type="checkbox"/> Prong + Rotatable Male Pyramid (FND-268001) (CS-DSAD-405) <input type="checkbox"/> Prong+ Rotatable Female Receiver (FND-268000) (CS-DSAD-406)