

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

Date MM/DD/YYYY

**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  3-Day  2-Day  Next Day  Next Day Saver

**PATIENT INFORMATION**

Patient ID / Last Name: \_\_\_\_\_

Amputation Level:  TF  KD Amputation Side:  Left  Right  Bilateral

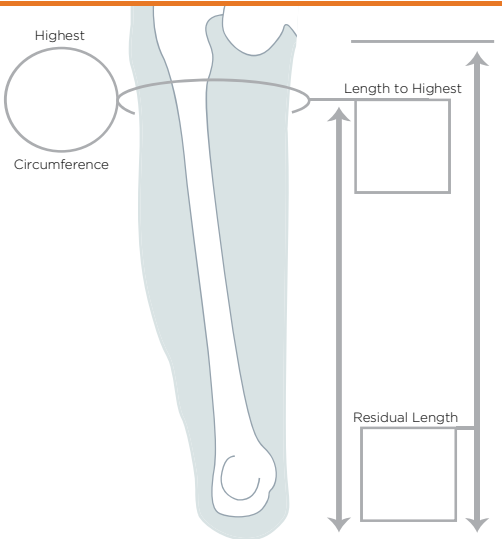
**\* Requires separate order forms. Indicate side on each form.**

**DUPLICATE LINER INFORMATION**

Duplicate Liner Serial Number \_\_\_\_\_ Qty \_\_\_\_\_

Cushion - ALC-DES-DP Locking - ALL-DES-DP DUO - ADC-DES-DP

**NEW LINER INFORMATION** (Fill in for new liners or alterations to exiting liners)

MEASUREMENTS <input type="checkbox"/> cm <input type="checkbox"/> in	LINER TYPE	FABRIC TYPE	LINER DESIGN
	<input type="checkbox"/> Cushion <small>ALC-DES-EO</small> <input type="checkbox"/> Classic <input type="checkbox"/> Hybrid <input type="checkbox"/> Locking <small>ALL-DES-EO</small> <input type="checkbox"/> Classic <input type="checkbox"/> Hybrid <input type="checkbox"/> Duo <small>ADC-DES-EO</small>	<input type="checkbox"/> Original Buff <input type="checkbox"/> Spirit Buff <input type="checkbox"/> Max Buff <input type="checkbox"/> Select <input type="checkbox"/> Gray <input type="checkbox"/> Taupe	<p><b>WillowWood Design (Recommended)</b> <small>Automatically based on cast or scan shape and order info. No contact required.</small></p> <p><b>Customer Design (Slower)</b> <small>From notes &amp; specific thicknesses indicated ↓</small></p> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">BASE LINER THICKNESS</p> <p style="text-align: center;"><input type="checkbox"/> mm <span style="float: right;">4mm to 12mm</span> <small>4mm Standard</small></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">DISTAL THICKNESS</p> <p style="text-align: center;"><input type="checkbox"/> mm <span style="float: right;">4mm to 25mm</span> <small>9mm Standard 6mm for KD</small></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">PROXIMAL THICKNESS</p> <p style="text-align: center;"><input type="checkbox"/> mm <span style="float: right;">3mm to 9mm</span> <small>4mm Standard</small></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">MEDIAL THICKNESS</p> <p style="text-align: center;"><input type="checkbox"/> mm <span style="float: right;">3mm to 9mm</span> <small>4mm Standard</small></p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <p style="text-align: center;">FILL INVAGINATION</p> <p><input type="checkbox"/> Yes (recommended) <input type="checkbox"/> No</p> </div> <div style="border: 1px solid black; padding: 5px;"> <p style="text-align: center;">STOVEPIPE LINER</p> <p><input type="checkbox"/> Yes (bulbous distal) <input type="checkbox"/> No</p> </div>
<p>SHAPE CREATION</p> <input type="checkbox"/> Cast <input type="checkbox"/> STL / AOP <input type="checkbox"/> Omega / Tracer <p>CAD file name: _____</p> <input type="checkbox"/> Cast Shipped Separately	<p>COMFORT CUFF</p> <input type="checkbox"/> Yes (+\$75) <input type="checkbox"/> No	<p>LINER QUANTITY</p> <p>Qty _____</p> <p><small>Additional Liner codes Cushion ALC-DES-DP Locking ALL-DES-DP DUO ADC-DES-DP</small></p>	
<p>Notes: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			