

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 3-Day 2-Day
 Next Day Next Day Saver

PATIENT INFORMATION

Patient ID / Last Name: _____

Amputation Level: TT Symes 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 cm in

LINER TYPE

Cushion ALC-DES-EO
 Classic
 Hybrid
 Locking ALL-DES-EO
 Classic
 Hybrid
 Duo ADC-DES-EO

SHAPE CREATION

Cast
 STL / AOP
 Omega / Tracer

CAD file name: _____

Cast Shipped Separately

FABRIC TYPE

Original
 Buff
 Gray/Green
 Brown
 Spirit
 Buff
 Gray/Green
 Brown
 Max - Buff
 Select
 Gray
 Taupe

LINER QUANTITY

Qty _____

Additional Liner codes
Cushion ALC-DES-DP
Locking ALL-DES-DP
DUO ADC-DES-DP

LINER DESIGN

WillowWood Design (Recommended)
Automatically based on cast or scan shape and order info. No contact required.

Customer Design (Slower)
From notes & specific thicknesses indicated ↓

BASE LINER THICKNESS
mm 4mm to 12mm
6mm Standard

DISTAL THICKNESS
mm 4mm to 25mm
9mm Standard
4mm for Symes

PROXIMAL THICKNESS
mm 3mm to 9mm
4mm Standard

POSTERIOR THICKNESS
mm 3mm to 9mm
4mm Standard

FILL INVAGINATION
 Yes (recommended)
 No

STOVEPIPE LINER
 Yes (bulbous distal)
 No

Notes: _____
