

Date: MM.DD.YYYY

CUSTOMER INFORMATION

Clinician Name: _____
 Preferred Contact Method:
 Phone: _____
 Email Address: _____

Facility/Clinic: _____
 Bill to Account #: _____ PO #: _____
 Shipping Address Line 1: _____
 Shipping Address Line 2: _____

SHIPPING INFORMATION

Carrier: Method:
 UPS Ground 3 - Day 2 - Day
 FedEx Next Day Next Day Saver

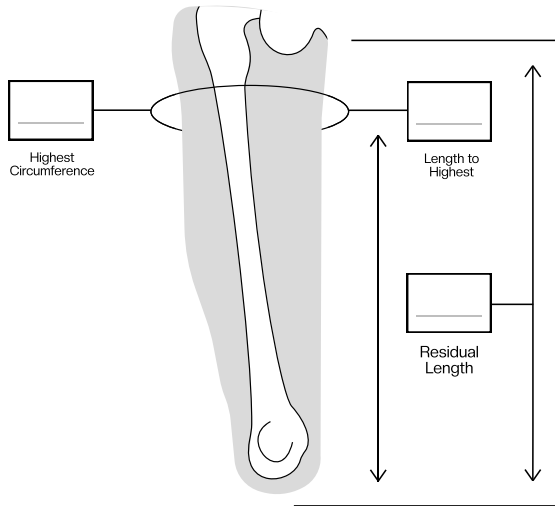
PATIENT INFORMATION

Patient ID/Last Name: _____
 Amputation Level: Amputation Side:
 TF Left Bilateral
 KD Right
* 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 existing liners)



Measurements: cm in

LINER QUANTITY

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

LINER TYPE:
(select one)

- Cushion
ALC-DES-EO
- Classic
- Hybrid

- Locking
ALL-DES-EO
- Classic
- Hybrid

- Duo
ADC-DES-EO

FABRIC TYPE
(select one)

- Original
Buff
- Spirit
Buff
- Max
Buff
- Select
 - Gray
 - Taupe

SHAPE CREATION:
(select one)

- Cast
- STL / AOP
- Omega / Tracer
- CAD File Name: _____
- Cast Shipped Separately

LINER DESIGN
(select one)

Would you like a Design Technician to contact you before starting this order?
 Yes No

Requested Starting Thickness

_____ mm Base Liner Thickness
4mm to 12mm (6mm Standard)

_____ mm Distal Thickness
4mm to 25mm (9mm Standard, 4 mm for Symes)

_____ mm Proximal Thickness
3mm to 9mm (4mm Standard)

_____ mm Medial Thickness
3mm to 9mm (4mm Standard)

Fill Invagination
 Yes (recommended) No

Stovepipe Liner
 Yes (bulbous distal) No

Notes:

