## CUSTOMER INFORMATION

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

## SHIPPING INFORMATION

Carrier：
Method：
O UPS
O Ground
O 3 －Day
O2－Day
○ FedEx
O Next Day
O Next Day Saver

Facility／Clinic：
Bill to Account \＃： $\qquad$ PO \＃：

Shipping Address Line 1： $\qquad$
Shipping Address Line 2 $\qquad$

## PATIENT INFORMATION

## Patient ID／Last Name：

Amputation Level：Amputation Side
$\bigcirc$ TT
O Left
O Right
O Bilateral
O Symes
Requires separate order forms．Indicate side on each form．

## DUPLICATE LINER INFORMATION

| Ouplicate 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）



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


Notes：


SHAPE CREATION：
（ select one）
－Cast
－STL／AOP
－Omega／ Tracer CAD File Name
－Cast Shipped Separately
Original
○ Buff
O Bray／Green
Spirit
$\bigcirc$ Buff
O Gray／Green
O Brown
Max
Buff
Select
O Gray
O Taupe

Would you like a Design Technician to contact you before starting this order？
$\bigcirc$ Yes
O No

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

Fill Invagination
$\bigcirc$ Yes（recommended）$\bigcirc$ No

Stovepipe Liner
$\bigcirc$ Yes（bulbous distal）$\bigcirc$ No

