

Date: MM.DD.YYYY

CUSTOMER INFORMATION

Clinician Name: _____

Facility/Clinic: _____

Preferred Contact Method:

Bill to Account #: _____ PO #: _____

Phone: _____

Shipping Address Line 1: _____

Email Address: _____

Shipping Address Line 2: _____

SHIPPING AND PATIENT INFORMATION

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

Patient ID/Last Name: _____

Height: _____ ft _____ in K-Level: _____

Weight: _____ lbs K1 K3

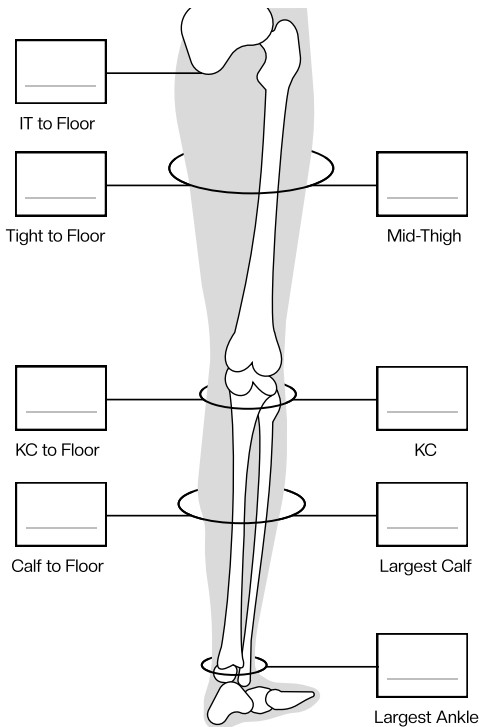
Foot Size: _____ cm K2 K4

Amputation Side: _____ Amputation Level: _____

Left Bilateral TF KD
 Right * 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:
 cm in

SOCKET FINISH

(select several)

Carbon Finish

PRS SkinTone

- Light PRS#3
- Medium PRS#6
- Dark PRS#13
- Other PRS Color # _____

Decorative Lamination

- Customer Supplied Fabric CS-DSAD-481
- WW Laminating Sleeve CS-DSAD-482 Fred's Legs Design Name _____

fredslegs.com/collections/laminating

SOCKET OPTIONS

(select several)

Pump Placement

- No Pump
- Distal
- Side CS-DSAD-410
 - Anterior
 - Posterior
 - Medial
 - Lateral

Valve Placement

- Anterior
- Posterior
- Medial
- Lateral

Back Alignment Button

- Exposed
- Covered

MOUNTING PLATE OPTIONS

(select several)

- Customer Supplied Adapter CS-DSAD-403
- LLV4 - Hole Plate (LLV-01041) CS-DSAD-403

WWSS3-Prong

- Prong only (FND-268002) CS-DSAD-404
- Prong + Rotatable Male Pyramid (FND-268001) CS-DSAD-405
- Prong+ Rotatable Female Receiver (FND-268000) CS-DSAD-406

PROSTHETIC HEIGHT

(select several)

- Transfer As Is
- Shorten _____ cm in
- Extend _____ cm in

ONE SYSTEM®

(select several)

- One® Socket ONLY CS-DSTF-302 + CS-DSAD-380
- One® Socket KIT CS-DSTF-302-K + CS-DSAD-380-K

Pump Serial No. _____

Notes:

