WILLOWWOOD
CUSTOM SOLUTIONS

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

○ K2   ○ K4

Foot Size: _____ cm

Amputation Side:

Amputation Level:

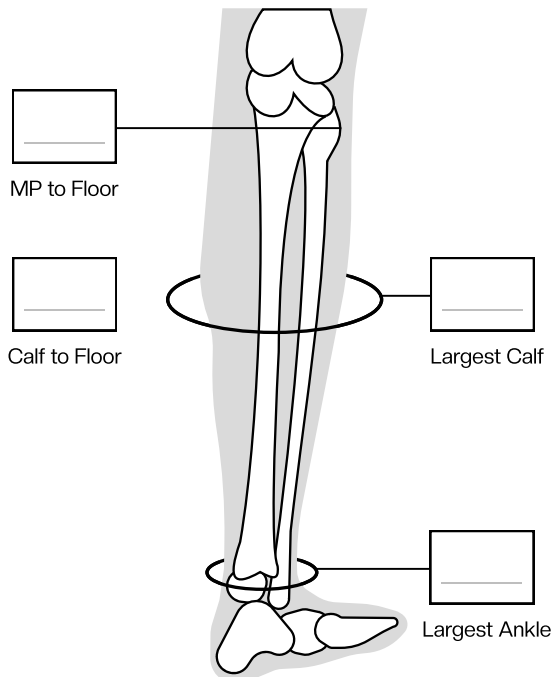○ Left   ○ Bilateral

○ Right   * Requires separate order forms. Indicate side on each form.

○ TT   ○ Symes

PRODUCT INFORMATION   (The diagnostic socket must be the final modified version, in dynamic alignment to proceed)

Measurements:

○ cm   ○ in

MP to Floor

Calf to Floor

Largest Calf

Largest Ankle

ONE SYSTEM ®
(select several)

○ One® Socket ONLY
CS-DSTT-202 + CS-DSAD-280

○ One® Socket KIT
CS-DSTT-202-K + CS-DSAD-280-K

Pump Serial No.

_____

MOUNTING PLATE OPTIONS
(select several)

○ Customer Supplied Plate
CS-DSAD-401

○ LLV4 - Hole Plate (LLV-01041)
CS-DSAD-403

PROSTHETIC HEIGHT
(select several)

○ Transfer As Is

○ Shorten _____
○ cm ○ in

○ Extend _____
○ 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

Notes:

_____

_____

_____

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