

Date: MM.DD.YYYY

CUSTOMER INFORMATION

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

Facility/Clinic: _____
 Bill to Account #: _____ PO #: _____
 Shipping Address Line 1: _____
 City/State/Zip Code _____

SHIPPING INFORMATION

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

PATIENT INFORMATION

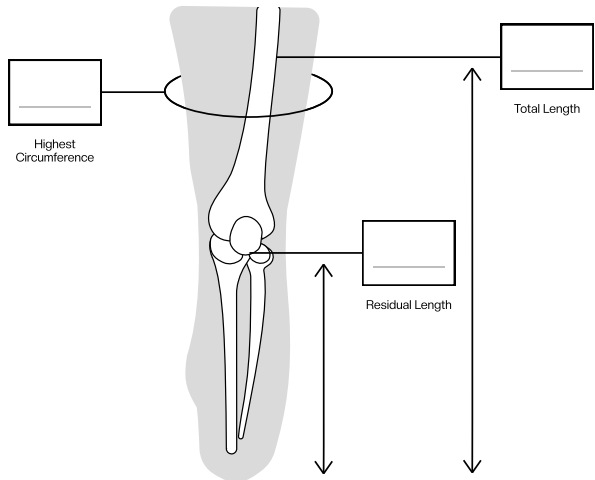
Patient ID/Last Name: _____
 Amputation Level: _____ Amputation Side:
 TT Left Bilateral
 Symes Right
* Requires separate order forms. Indicate side on each form.

DUPLICATE LINER INFORMATION

Duplicate Liner Serial Number: _____ Qty: _____
Cushion - ALC-DES-DP Locking - ALL-DES-DP DUO - ADC-DES-DP

Starting July 1st 2024, WW will charge a \$100 service fee for Design Assessment and New Custom Model Creation - for any duplicate Alpha DESIGN liner orders placed separate from an initial (EO or OT DESIGN Liner Order). If a duplicate is ordered simultaneously with an initial Alpha DESIGN Liner order, the service fee will not be levied

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 <small>(select one)</small>	FABRIC TYPE <small>(select one)</small>	LINER DESIGN <small>(select one)</small>
<input type="radio"/> Cushion ALC-DES-EO <input type="radio"/> Classic <input type="radio"/> Hybrid	<input type="radio"/> Original <input type="radio"/> Buff <input type="radio"/> Gray/Green <input type="radio"/> Brown <input type="radio"/> Spirit <input type="radio"/> Buff <input type="radio"/> Gray/Green <input type="radio"/> Brown <input type="radio"/> Max Buff <input type="radio"/> Select <input type="radio"/> Gray <input type="radio"/> Taupe	Would you like a Design Technician to contact you before starting this order? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Requested Starting Thickness _____ mm Base Liner Thickness <small>4mm to 12mm (6mm Standard)</small> _____ mm Distal Thickness <small>4mm to 25mm (9mm Standard, 4 mm for Symes)</small> _____ mm Proximal Thickness <small>3mm to 9mm (4mm Standard)</small> _____ mm Posterior Thickness <small>3mm to 9mm (4mm Standard)</small> Fill Invagination <input type="radio"/> Yes (recommended) <input type="radio"/> No Stovepipe Liner <input type="radio"/> Yes (bulbous distal) <input type="radio"/> No
<input type="radio"/> Locking ALL-DES-EO <input type="radio"/> Classic <input type="radio"/> Hybrid		
<input type="radio"/> Duo ADC-DES-EO		
SHAPE CREATION: <small>(select one)</small>		
<input type="radio"/> Cast <input type="radio"/> STL / AOP <input type="radio"/> Omega / Tracer CAD File Name: _____ <input type="radio"/> Cast Shipped Separately		

Notes:

