

WillowWood® Custom Solutions Order Form

WillowWood One Transfemoral System - Suction Definitive Socket

GENERAL

Date _____ P.O. number _____
Prosthetist name _____ Account number _____
Email address _____
Facility _____
Ship to _____
Shipping address _____
City _____ State _____ ZIP Code _____
Phone/Cell _____ Preferred Contact Method _____
Scheduled Patient Fit Date _____

PATIENT INFORMATION

Patient ID: _____

Amputation side: Right Left

Special instructions:

Items sent with Socket: _____

SOCKET INFORMATION (PLEASE CHECK)

Includes fabrication of positive model, trim, and finish.

Is this a replacement WillowWood One socket? Yes No Valve Placement: A P M L

* Distal Adapter (Select One):

Indicate WillowWood Distal Adapter for use in Definitive Socket:

Use Distal Adapter included with Test Socket.

Lower Socket to Adapter? Yes No

Back Alignment Button: Exposed Covered

Color of Lamination: _____

Be sure to indicate the alignment lines (sagittal and coronal planes) on the socket.

*** The diagnostic socket should be the final modified version, in dynamic alignment, and with a distal adapter attached. WillowWood does not have the ability to modify sockets upon receipt.**

DO NOT SEND ANY OF THE FOLLOWING TO WILLOWWOOD: (Store in original box with Patient ID)

Knee Assembly

Alpha® Liner

One Seal

One Gel Sock

CARRIER (CHECK ONE)

SHIPPING METHOD (CHECK ONE)

UPS FedEx

\$8.00** Ground 2-Day, anytime 2-Day, A.M.

Other _____

standard charges Next Day, anytime Next Day, by noon Next Day early A.M.

** Excludes shipments to Alaska, Hawaii, and Puerto Rico.

WillowWood

For order processing, please ship completed order form and items to: 15441 Scioto Darby Road
Mt. Sterling, OH 43143 USA

Phone: 800-848-4930 | Fax: 888-878-4858 | www.willowwoodco.com

PN-2459-E 29 OCT 2019