

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

### CLINIC INFORMATION

Clinic: \_\_\_\_\_

Prosthetist Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Date: \_\_\_\_\_

Bill to Account Number: \_\_\_\_\_ PO Number: \_\_\_\_\_

Shipping Address Line 1: \_\_\_\_\_

Shipping Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Preferred Contact Method: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Carrier:  UPS  FedEx

Shipping Method:  Ground  2-Day  Next Day

### PATIENT INFORMATION

Last, First Name: \_\_\_\_\_

Patient ID: \_\_\_\_\_ Amputation Level:  TF  Knee Disartic K-Level:  K1  K2  K3  K4

Left:  Right:  Bilat Order\*:

\*Bilat requires two order forms. Indicate side on each form

### DUPLICATE LINER INFORMATION

Duplicate Liner Serial Number \_\_\_\_\_ Qty \_\_\_\_\_

Cushion - ALC-DES-DP Locking - ALC-DES-DP DUO - ALC-DES-DP

### NEW LINER INFORMATION (Fill in for new liners or alterations to exiting liners)

MEASUREMENTS <input type="checkbox"/> centimeters <input type="checkbox"/> inches	LINER TYPE	FABRIC TYPE	LINER DESIGN
	<input type="checkbox"/> Cushion <small>ALC-DES-EO</small> <input type="checkbox"/> Classic <input type="checkbox"/> Hybrid <input type="checkbox"/> Locking <small>ALL-DES-EO</small> <input type="checkbox"/> Classic <input type="checkbox"/> Hybrid <input type="checkbox"/> Duo <small>ALD-DES-EO</small> <input type="checkbox"/> Classic	<input type="checkbox"/> Original Buff <input type="checkbox"/> Spirit Buff <input type="checkbox"/> Max Buff <input type="checkbox"/> Select <input type="checkbox"/> Gray <input type="checkbox"/> Taupe	<input type="checkbox"/> <b>Willow Wood to design liner based on shape and information provided (recommended)</b> <input type="checkbox"/> Customer liner design based on notes and the thickness in each region indicated below
	<b>SHAPE CREATION</b> <input type="checkbox"/> Cast <input type="checkbox"/> STL / AOP <input type="checkbox"/> Omega / Tracer CAD file name: _____ <input type="checkbox"/> Cast Shipped Separately	<b>COMFORT CUFF</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>BASE LINER THICKNESS</b> <input type="checkbox"/> mm 4mm to 12mm <small>4mm Standard</small>
	<b>LINER QUANTITY</b> Qty _____ <small>Additional Liner codes            Cushion ALC-DES-DP            Locking ALC-DES-DP            DUO ALC-DES-DP</small>	<b>DISTAL THICKNESS</b> <input type="checkbox"/> mm 4mm to 25mm <small>9mm Standard            6mm for KD</small>	
	<b>Notes:</b> _____ _____ _____ _____ _____	<b>PROXIMAL THICKNESS</b> <input type="checkbox"/> mm 3mm to 9mm <small>4mm Standard</small>	
	<b>MEDIAL THICKNESS</b> <input type="checkbox"/> mm 3mm to 9mm <small>4mm Standard</small>	<b>FILL INVAGINATION</b> <input type="checkbox"/> Yes (recommended) <input type="checkbox"/> No	
	<b>STOVEPIPE LINER</b> <input type="checkbox"/> Yes (bulbous distal) <input type="checkbox"/> No		