

Date MM/DD/YYYY

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

CUSTOMER INFORMATION

Facility / Clinic: _____

Clinician Name: _____ Bill to Account #: _____ PO #: _____

Preferred Contact Method: _____ Shipping Address Line 1: _____

Email Address: _____ Shipping Address Line 2: _____

Phone: (____) _____ - _____ City: _____ State: _____ Zip Code: _____

SHIPPING INFORMATION

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

PATIENT INFORMATION

Patient ID / Last Name: _____

Amputation Level: TF KD Amputation Side: Left Right Bilateral

K-Level: K1 K2 K3 K4 Height: _____ ft _____ in

Weight: _____ lbs Foot Size: _____ cm

* 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)

<p>MEASUREMENTS <input type="checkbox"/> cm <input type="checkbox"/> in</p>	<p>SOCKET MATERIAL</p> <p><input type="checkbox"/> Polypropylene Copolymer CS-DSTF-301</p> <p><input type="checkbox"/> Carbon from Cast CS-DSTF-302</p> <p><input type="checkbox"/> Carbon from CAD CS-DSTF-303</p> <p>PROSTHETIC HEIGHT</p> <p><input type="checkbox"/> Transfer As Is</p> <p><input type="checkbox"/> Shorten _____ <input type="checkbox"/> cm <input type="checkbox"/> in</p> <p><input type="checkbox"/> Extend _____ <input type="checkbox"/> cm <input type="checkbox"/> in</p>	<p>INSERT OPTIONS</p> <p><input type="checkbox"/> No Insert</p> <p><input type="checkbox"/> Polyethylene CS-DSAD-360</p> <p><input type="checkbox"/> Proflex w/silicone CS-DSAD-361</p> <p><input type="checkbox"/> OP-TEK Flex Black CS-DSAD-362</p> <p><input type="checkbox"/> OP-TEK Flex Natural CS-DSAD-363</p> <p><input type="checkbox"/> Orfit X-Soft w/silicone CS-DSAD-364</p> <p><input type="checkbox"/> Molded Distal Cushion CS-DSAD-462</p>	<p>SOCKET FINISH</p> <p><input type="checkbox"/> Carbon Finish</p> <p>PRS Skin Tone</p> <p><input type="checkbox"/> Light PRS #3 <input type="checkbox"/> Other PRS Color # _____</p> <p><input type="checkbox"/> Medium PRS #6</p> <p><input type="checkbox"/> Dark PRS #13</p> <p>Decorative Lamination</p> <p><input type="checkbox"/> Customer Supplied Fabric CS-DSAD-481</p> <p><input type="checkbox"/> WW Laminating Sleeve CS-DSAD-482</p> <p>Fred's Legs Design Name _____</p> <p>fredslegs.com/collections/laminating</p>
<p>Draw window(s) & dial(s) position on test socket</p>			
<p>RevoFit®</p> <p><input type="checkbox"/> 1 Dial, 1 Lace, 1 Window CS-DSAD-483 (Qty 1)</p> <p><input type="checkbox"/> Additional Dial & Lace CS-DSAD-483 (Total Qty 2)</p> <p><input type="checkbox"/> Additional Window(s), Qty _____ CS-DSAD-484</p>		<p>RevoLock® Lanyard</p> <p><input type="checkbox"/> 1 Dial, 1 Lace CS-DSAD-485</p>	
<p>SOCKET OPTIONS</p> <p><input type="checkbox"/> Knee Disartic. Door CS-DSAD-381</p> <p><input type="checkbox"/> Exoskeletal Lamination CS-DSAD-390</p> <p><input type="checkbox"/> Install & Shape TF Foam Cover CS-DSAD-391</p>			

Notes: _____

<p>VALVE OPTIONS</p> <p><input type="checkbox"/> No Valve</p> <p><input type="checkbox"/> Customer Supplied Valve CS-DSAD-440</p> <p><input type="checkbox"/> AK Lyn Valve CS-DSAD-443</p> <p><input type="checkbox"/> Auto <input type="checkbox"/> Manual</p>	<p>LOCK OPTIONS</p> <p><input type="checkbox"/> No Lock</p> <p><input type="checkbox"/> Add space for lock CS-DSAD-420 Type: _____</p> <p><input type="checkbox"/> Customer Supplied Lock CS-DSAD-421</p> <p><input type="checkbox"/> G-Lock (700-GL480) CS-DSAD-422</p> <p><input type="checkbox"/> Coyote Air-Lock + Alignable Connector + Direction Insert CS-DSAD-423</p> <p><input type="checkbox"/> Coyote Air-Lock (CD 103) CS-DSAD-424 + CS-DSAD-401 to 408</p> <p><input type="checkbox"/> Genesis Bulldog Lock (3GEN-A) CS-DSAD-425</p> <p><input type="checkbox"/> Alpha Lanyard (700-AIS100) CS-DSAD-428</p> <p><input type="checkbox"/> KISS Delrin Lanyard CS-DSAD-429 + CS-DSAD-401 to 408</p> <p><input type="checkbox"/> KISS Blue Lanyard 4-Hole Kit CS-DSAD-430</p> <p><input type="checkbox"/> Bulldog 4-Hole Lanyard (FH-S4) CS-DSAD-431</p>
<p>MOUNTING PLATE OPTIONS</p> <p><input type="checkbox"/> No Plate</p> <p><input type="checkbox"/> Customer Supplied Plate CS-DSAD-401</p> <p><input type="checkbox"/> WW Gray Attachment Block (700-250) CS-DSAD-402</p>	<p>LLV 4-Hole Plate (LLV-01041) CS-DSAD-403</p> <p>Bulldog FHLA-10 CS-DSAD-408</p> <p>WW SS 3-Prong</p> <p><input type="checkbox"/> Prong only (FND-268002) CS-DSAD-404</p> <p><input type="checkbox"/> Prong + Rotatable Male Pyramid (FND-268001) CS-DSAD-405</p> <p><input type="checkbox"/> Prong+ Rotatable Female Receiver (FND-268000) CS-DSAD-406</p>