

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

Date MM / DD / YYYY

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: TT Symes 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)

MEASUREMENTS <input type="checkbox"/> cm <input type="checkbox"/> in	One System®	SOCKET FINISH	PROSTHETIC HEIGHT
	<input type="checkbox"/> One One® Socket ONLY CS-DSTT-202 + CS-DSAD-280 <input type="checkbox"/> One One® Socket KIT CS-DSTT-202-K + CS-DSAD-280-K Pump Serial No. _____	<input type="checkbox"/> Carbon Finish PRS Skin Tone <input type="checkbox"/> Light PRS #3 <input type="checkbox"/> Medium PRS #6 <input type="checkbox"/> Dark PRS #13 <input type="checkbox"/> Other PRS Color # _____ Decorative Lamination <input type="checkbox"/> Customer Supplied Fabric CS-DSAD-481 <input type="checkbox"/> WW Laminating Sleeve CS-DSAD-482 Fred's Legs Design Name fredslegs.com/collections/laminating	<input type="checkbox"/> Transfer As Is <input type="checkbox"/> Shorten _____ cm <input type="checkbox"/> Extend _____ cm MOUNTING PLATE OPTIONS <input type="checkbox"/> Customer Supplied Plate CS-DSAD-401 <input type="checkbox"/> LLV 4-Hole Plate (LLV-01041) CS-DSAD-403

Notes:
