

Bill To: _____
 Address: _____

Ship To: _____
 Address: _____

Practitioner: _____
 Phone #: _____

Patient Name: _____ Activity Level

Height: _____ Weight: _____ Age: _____

- Left Male Caucasian Latino
 Right Female Negroid Other

- K-1
 K-2
 K-3
 K-4

Order Date: _____

In-Office Request Date: _____ am pm

OPS invoice / NG encounter: _____

TYPE OF SOCKET

- Cast Preparation
 Cast Modification
 Symes Check Socket
 Lam Socket Epox-Acryl

ADDS

- Add One Shot Lam.
 Add Heavy Duty Carbon
 Add Expandable RTV
 Add Window (Straps Included)
 Add Posterior Door (Straps Included)
 Add Distal End Pad
 Silicone Plastazote
 Add Setup
 Add Transfer
 Add Stove Pipe
 Add Leather Covering

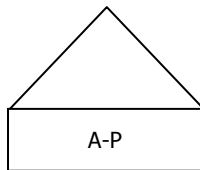
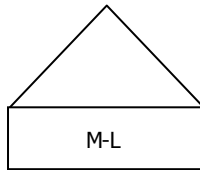
LINERS

- Pelite
 Multi-Durometer
 Thermoflex
 Polyethylene

FINISH

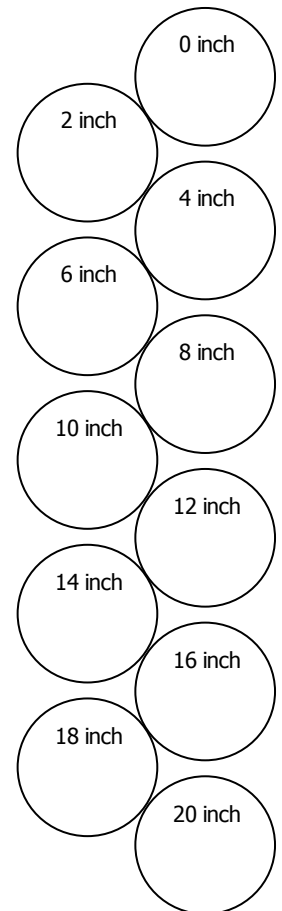
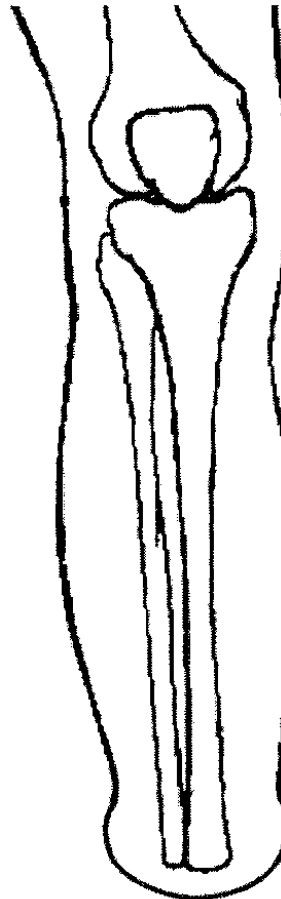
- Soft Foam Cover
 Pedilen Foam Shape
 Finish Laminate Epox-Acryl

MPT to Floor



Length of stump

Distal end to floor



SPECIAL INSTRUCTIONS:

TYPE OF COMPONENTS

_____ Socket Attachment
 _____ Component
 _____ Foot Plate
 _____ Foot/Style/Size
 _____ Heel Height

ALIGNMENT

Flexion _____
 Abduction _____
 Adduction _____

Please draw alignment lines on the cast