

BILLING & SHIPPING INFORMATION

Össur Account #: _____ Ship To: _____ Date needed in office: _____

CONTACT FOR ORDERING OR DELIVERY QUESTIONS: _____ Company: _____

Contact: _____ Address: _____

_____ City/State/Zip: _____

_____ Contact: _____

Email: _____ Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

PO#: _____ Shipping Check Priority: Next Day Air 2nd Day

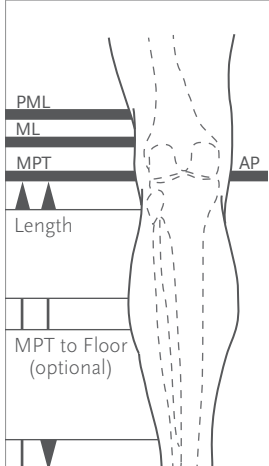
Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information enables us to provide the highest quality product for you and your patient.

REQUIRED PATIENT INFORMATION

Last Name: _____ Height: _____ ft. _____ in. Impact Level: High Medium Low Amputation Level: BK Symes

First Name: _____ Weight: _____ lbs. K-Level: K1 K2 K3 K4 Left: Right: Bilat Order:

MEASUREMENTS & SHAPE ■ Call to discuss before design

MEASUREMENTS**	SHAPE	SOCKET STYLES	BRIM STYLE																								
 <table border="1"> <thead> <tr> <th>Level</th> <th>Measurement</th> </tr> </thead> <tbody> <tr><td>15cm</td><td>_____</td></tr> <tr><td>10cm</td><td>_____</td></tr> <tr><td>5cm</td><td>_____</td></tr> <tr><td>0cm</td><td>_____</td></tr> <tr><td>5cm</td><td>_____</td></tr> <tr><td>10cm</td><td>_____</td></tr> <tr><td>15cm</td><td>_____</td></tr> <tr><td>20cm</td><td>_____</td></tr> <tr><td>PML</td><td>_____ cm</td></tr> <tr><td>ML</td><td>_____ cm</td></tr> <tr><td>AP</td><td>_____ cm</td></tr> </tbody> </table>	Level	Measurement	15cm	_____	10cm	_____	5cm	_____	0cm	_____	5cm	_____	10cm	_____	15cm	_____	20cm	_____	PML	_____ cm	ML	_____ cm	AP	_____ cm	<input type="checkbox"/> Shape by cast <input type="checkbox"/> Shape by app scan <input type="checkbox"/> Shape by CAD file CAD file name: _____	<input type="checkbox"/> Total Surface Bearing* <input type="checkbox"/> Patellar Tendon Bearing <input type="checkbox"/> Modified PTB	<input type="checkbox"/> Velocity <input type="checkbox"/> Velocity SC <input type="checkbox"/> Velocity SCSP
Level	Measurement																										
15cm	_____																										
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15cm	_____																										
20cm	_____																										
PML	_____ cm																										
ML	_____ cm																										
AP	_____ cm																										
	MATERIAL <input type="checkbox"/> PETG <input type="checkbox"/> Thermolyn	*ANGLES Flexion: _____ Adduction: _____ *All angles at 0 degrees unless specified otherwise above.	LINER USED _____																								
	Total Reduction: _____ % _____ Ply <input type="checkbox"/> Check here to receive foam carving for this order.	Notes: _____																									

**Length, circumferences and widths required. If not provided and socket fit requires remake, customer is responsible for cost of remake.

SUSPENSION & SOCKET ADAPTER

LOCKING OPTIONS	EXPULSION OPTIONS	UNITY OPTIONS
<input type="checkbox"/> 200 Series Lock & Extra Pin <input type="checkbox"/> 600 Series Ratchet Lock & Extra Pin <input type="checkbox"/> 600 Series Smooth Lock & Extra Pin <input type="checkbox"/> 600 Series 4 Hole <input type="checkbox"/> 600 Series Pyramid Adapter	<input type="checkbox"/> 544 Expulsion Valve Kit for Sleeves <input type="checkbox"/> 544 Expulsion Plate Kit <input type="checkbox"/> 551 Expulsion Valve <input type="checkbox"/> 3-Prong Socket Adapter <input type="checkbox"/> 4-Prong Socket Adapter	<input type="checkbox"/> Unity Valve Kit <input type="checkbox"/> 544 Unity Plate Kit <input type="checkbox"/> 544 Socket Adapter
OTHER OPTIONS (write in)		
<input type="checkbox"/> Other: _____		

NOTES Please specify which components you send us should be reattached, replaced with new, or returned unattached.

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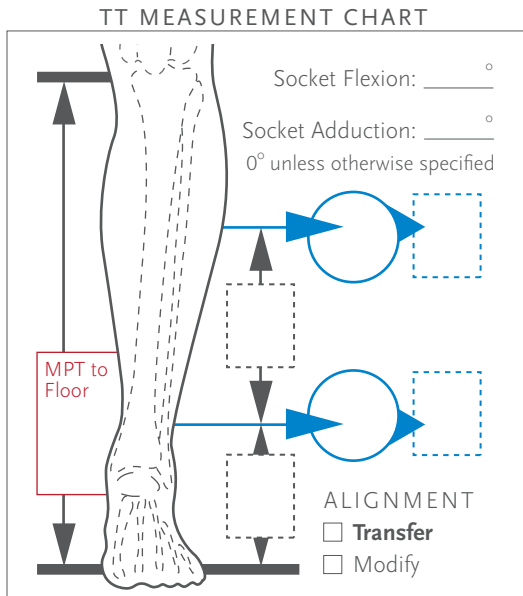
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PATIENT INFORMATION

Patient Name/Reference: _____ Weight: _____

Amputation Level: BK SYME Activity Level: 1 2 3 4 Left: Right: Bilat Order:

DEFINITIVE SOCKET ■ Call to discuss before fabrication



***ITEMS IN BOLD ARE THE DEFAULT SELECTIONS UNLESS OTHERWISE SPECIFIED**

From Socket From Cast From CAD/AOP file dated: _____

FABRICATION

SOCKET MATERIAL	SPECIAL FABRICATION
<p>INNER</p> <p><input type="checkbox"/> Proflex <input type="checkbox"/> Carbon</p> <p><input type="checkbox"/> MPE <input type="checkbox"/> Basalt</p> <p><input type="checkbox"/> Keasy <input type="checkbox"/> Color (PRS Pigment 1-16*)</p> <p><input type="checkbox"/> Other <input type="checkbox"/> Decorative Lamination</p>	<p><input type="checkbox"/> Revolimb Socket (draw windows and dial location on check socket)</p> <p><input type="checkbox"/> Laminate Removable Cover</p> <p><input type="checkbox"/> Symes Door (draw on check socket)</p> <p><input type="checkbox"/> Removable Cosmetic Cover (see left)</p>

SUSPENSION & SOCKET ADAPTER

LOCKING OPTIONS	EXPULSION OPTIONS
<p><input type="checkbox"/> 200 Series Lock & Extra Pin</p> <p><input type="checkbox"/> 600 Series Ratchet Lock & Extra Pin</p> <p><input type="checkbox"/> 600 Series Smooth Lock & Extra Pin</p> <p><input type="checkbox"/> 600 Series 4 Hole</p> <p><input type="checkbox"/> 600 Series Pyramid Adapter</p>	<p><input type="checkbox"/> 544 Expulsion Valve Kit for Sleeves</p> <p><input type="checkbox"/> 544 Expulsion Plate Kit</p> <p><input type="checkbox"/> 551 Expulsion Valve</p> <p><input type="checkbox"/> 3-Prong Socket Adapter</p> <p><input type="checkbox"/> 4-Prong Socket Adapter</p>

MODIFICATIONS

SOCKET SIZING	PROSTHETIC HEIGHT
<p><input type="checkbox"/> Increase</p> <p><input type="checkbox"/> Decrease</p> <p> %: _____</p> <p>Ply*: _____</p> <p> *7 ply max</p>	<p><input type="checkbox"/> Transfer</p> <p><input type="checkbox"/> Extend: _____</p> <p><input type="checkbox"/> Shorten: _____</p>

UNITY OPTIONS

Unity Valve Kit

544 Socket Adapter

544 Unity Plate Kit

OTHER OPTIONS (write in)

Other: _____

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