

PROSTHETICS ORDER FORM

Today's date

Due date

CUSTOMER INFO

Contact person

Location

Company

PO#

PATIENT INFO

Patient

Weight

Side

Activity Level

Color

Height

Age

Sex

Right

Low

Caucasian

Left

Moderate

Light Brown

Bilateral

High

Dark Brown

Very High

AMPUTATION

BK

Partial Foot

AK

BE

Symes

AE

SOCKET

Check Socket

PP

1/4

Laminated Temporary

PE

3/8

Laminated Permanent

Vivak

1/2

INNER LINER

Pelite

Proflex with Silicone

Proflex

PE

SUSPENSION

Shuttle Lock

Suction Valve

Lenyard OWW

SPECIAL INSTRUCTIONS