3D AK Test Socket Order Form

EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

NAME OF PATIENT: _____ *CONTACT PHONE:* _____

PO #: _____ *TODAY'S DATE:* _____ *REQUESTED BY DATE:* _____

CLINIC NAME: _____ *PRACTIONER'S NAME:* _____

SHIP TO ADDRESS: _____ *CITY:* _____ *STATE:* _____ *ZIP:*

SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM *SHIPPER ID:* _____

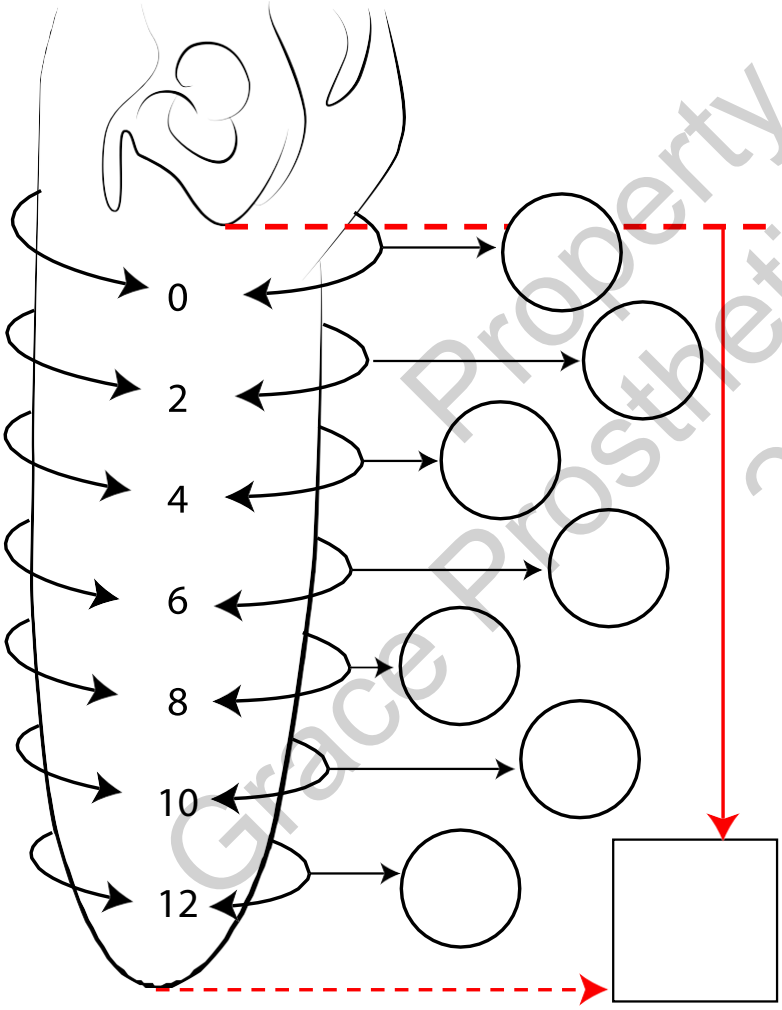
PATIENT AGE: _____ M / F HEIGHT: _____ WT: _____ COLOR: _____

3D TEST SOCKET

LEFT / RIGHT / *BILATERAL (FOR BILATERAL PLEASE FILL OUT ONE FORM FOR EACH SIDE)

ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS



Measurements:

Ischium to distal end _____

Ischium to floor _____

Knee Center to floor _____

File Type:

STL OBJ AOP ***(please circle one)***

Modified or Needs Modified ***(please select one)***

Socket Thickness: ***(please circle one)***

Heavy Duty 4mm / Standard 3mm

Shuttle Lock / Lanyard (***Drop in Style Only***)

Bulldog Lock / Grace Lock / Grace Fillauer Lock or

Other:_____

Supra-Condylar / Supra- Patellar /

Valve Type: _____

Distal Attachment: ***(please circle one)***

Grace Plate / Grace Tie-in Plate / Grace Suction Plate /

None or Other:_____

Additional Note:

_____

_____

_____