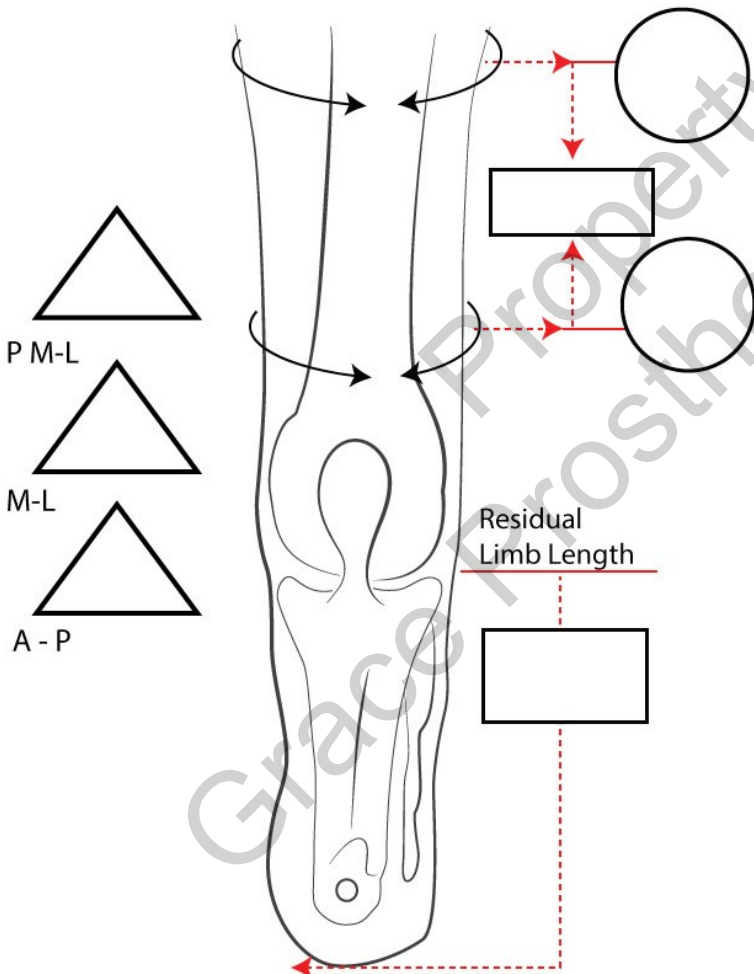


NAME OF PATIENT: _____		CONTACT PHONE: _____	
PO #: _____	TODAY'S DATE: _____	REQUESTED BY DATE: _____	
CLINIC NAME: _____		PRACTITIONER'S NAME: _____	
SHIP TO ADDRESS: _____		CITY: _____	STATE: _____ ZIP: _____
SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM			SHIPPER ID: _____

PATIENT AGE: _____ M / F	HEIGHT: _____	WT: _____	COLOR: _____
3D PRINTED 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



<p>File Type: (please circle one) STL OBJ AOP</p> <p>Modified or Needs Modified (please circle one)</p> <p>Socket Thickness: (please circle one) Heavy Duty 4mm / Standard 3mm</p> <p>Shuttle Lock / Lanyard (Drop in Style Only) Bulldog Lock / Grace Lock / Grace Fillauer Lock or Other: _____</p> <p>Supra-Condylar / Supra- Patellar / Valve Type: _____</p> <p>Distal Attachment: (please circle one) Grace Plate / Grace Tie-in Plate / Grace Suction Plate / None or Other: _____</p>

Additional Note:
