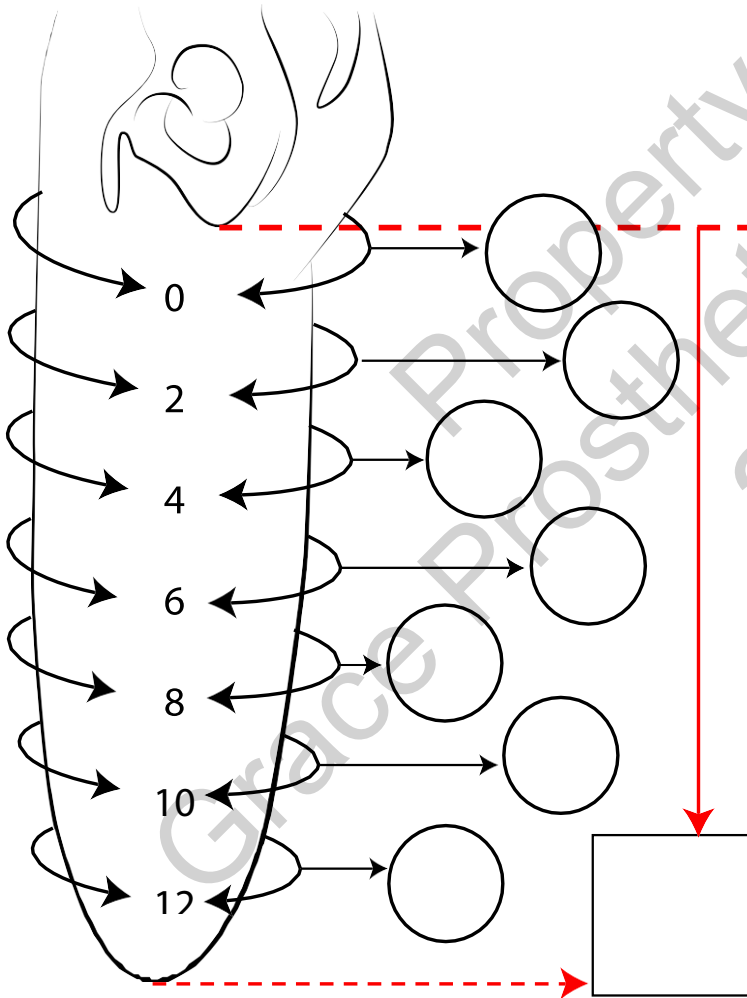


NAME OF PATIENT: _____	CONTACT PHONE: _____
PO #: _____ TODAY'S DATE: _____	REQUESTED BY DATE: _____
CLINIC NAME: _____	PRACTITIONER'S NAME: _____
SHIP TO ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM	
	SHIPPER ID: _____

PATIENT AGE: _____ M / F	HEIGHT: _____	WT: _____	COLOR: _____
TEST SOCKET / PREP SOCKET / DEFINITIVE / TRANSFER AND FINISH			
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 \_\_\_\_\_

**Brim Styles: (please circle one)**  
 NML / SNML / Aggressive / Standard Quad or  
 Other \_\_\_\_\_

**Distal End Shape: (please circle one)**  
 Round / Conical / Flat

**Socket Type: (please circle one)**  
 PETG Socket / Thermolyn / Polypro / AME-Carbon  
 Braid / Heavy Duty Layup / Fiberglass / Window Frame

TES Belt Suspension / Shuttle Lock Type: \_\_\_\_\_

Suction Valve Type: \_\_\_\_\_

Hip Joint / Pelvic Band / Woodblock / None or  
 Other \_\_\_\_\_

**Distal Attachment: (please circle one)**  
 Grace Plate / Pyramid / Woodblock / None or  
 Other: \_\_\_\_\_

**Flexible Inner Socket: (please circle one)**  
 Pelite - Distal Pad / Polyethylene / Proflex/  
 Proflex with Silicone / Silver Shield

**Covering: (please circle one)**  
 Stockings / Skin Color \_\_\_\_\_ / Exposed Toe /  
 Hair Illusion / Removable / 2 Piece Discontinuous  
 Calf \_\_\_\_\_ Ankle \_\_\_\_\_

Additional Note:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_