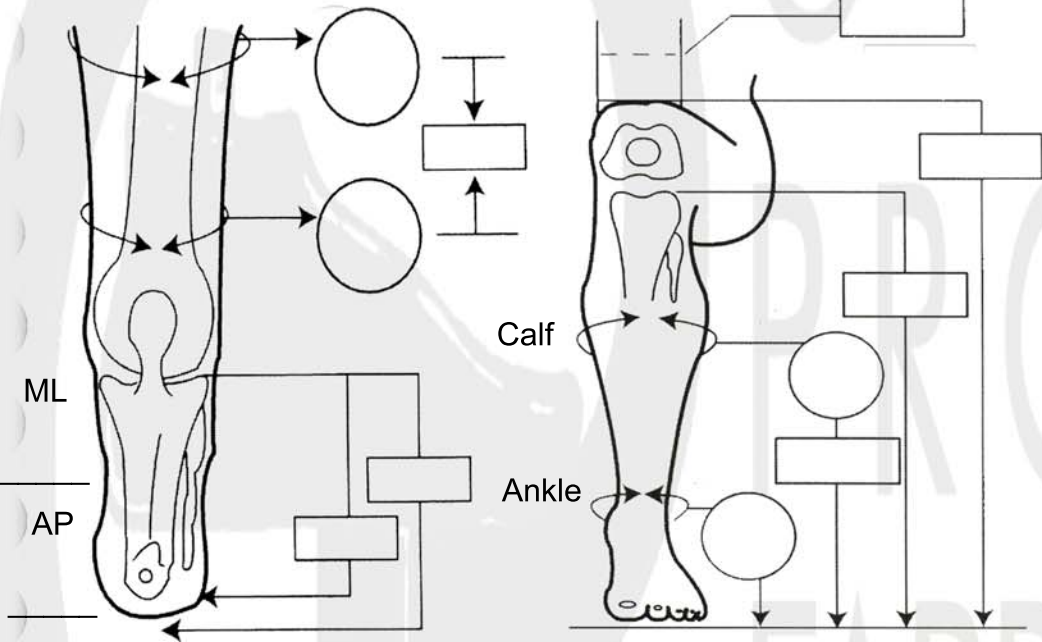


BK ORDER FORM

Company _____ PO # _____
 Practitioner _____ Left ___ Right ___
 Phone _____ Color _____
 Patient _____ Age ___ M / F



Comments/Notes

- Test Socket
 - Preparatory Socket
 - Definitive Socket
 - Transfer & Finish
 - Cuff Strap
 - Shuttle Lock Type _____
 - supra-Condylar
 - supra-Condylar/supra-Patellar
 - Expulsion Valve Type _____
 - None
 - Pyramid
 - Grace Plate
 - Wood Block
 - Other
 - Pelite - Distal Pad Y/N
 - Nickel Plast
 - PPT/Trilam Puff Insert
 - Kemblo/Cowhide Insert
 - Pull Tabs w/Soft Inserts
 - 3-S Silicone Insert
 - Proflex
 - Proflex w/Silicone
 - Polyethelene
- Socket Type
 - PETG Socket
 - Thermolyn
 - Polypropylene
 - Polyester
 - AME
 - Carbon Braid
 - Heavy Duty Layup
 - Fiberglass
 - Window Frame
- Covering Y / N
- Stockings Y / N
- Skin Y / N Color _____
- Exposed Toes
 - Hair Illusion
 - Removable
- Calf _____
- Ankle _____

SHIP TO:

Date Needed _____

Please put actual date needed, not ASAP!

Ship Via UPS: NDA AM NDA 2DAY AM 2DAY 3DAY GRD

COMPANY _____

ADDRESS _____

CITY, ST ZIP _____