

Customer ID: \_\_\_\_\_ Order Date: \_\_\_\_\_ PO#: \_\_\_\_\_

### BILLING INFORMATION

Facility: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SHIPPING INFORMATION Same as Billing

Facility: \_\_\_\_\_ Practitioner: \_\_\_\_\_ Cell #: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

### SHIPPING INSTRUCTIONS

Next Day Air  2nd Day Air  3rd Day Air  Ground

### PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Male  Female Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_  LT  RT  BIL  Scan  Cast  
 Diagnosis/Special Instructions: \_\_\_\_\_

### FABRICATION INSTRUCTIONS

#### TYPE OF BRACE

Symes  
 Below-the-Knee  
 Knee Disartic  
 Above-the-Knee

#### TYPE OF SOCKET

Test Socket  
 Definitive Socket

#### TYPE OF SUSPENSION

SupraCondylar  
 Pin System  
 Suction  
 Vacuum  
 Lanyard  
 Other \_\_\_\_\_

#### FLEXIBLE INNER (THICKNESS)

Orfitrans Clear  
 Proflex w/Silicone  
 Pelite  
 None

### SOCKET MATERIALS

1/8 PETG  
 Carbon  
 Fiberglass

### COLOR/FINISH

Black Carbon  
 Fabric \_\_\_\_\_ Sent w/Cast  Y  N  
 Skin Tone# \_\_\_\_\_ (Ottobock)

### CONTRACTURE

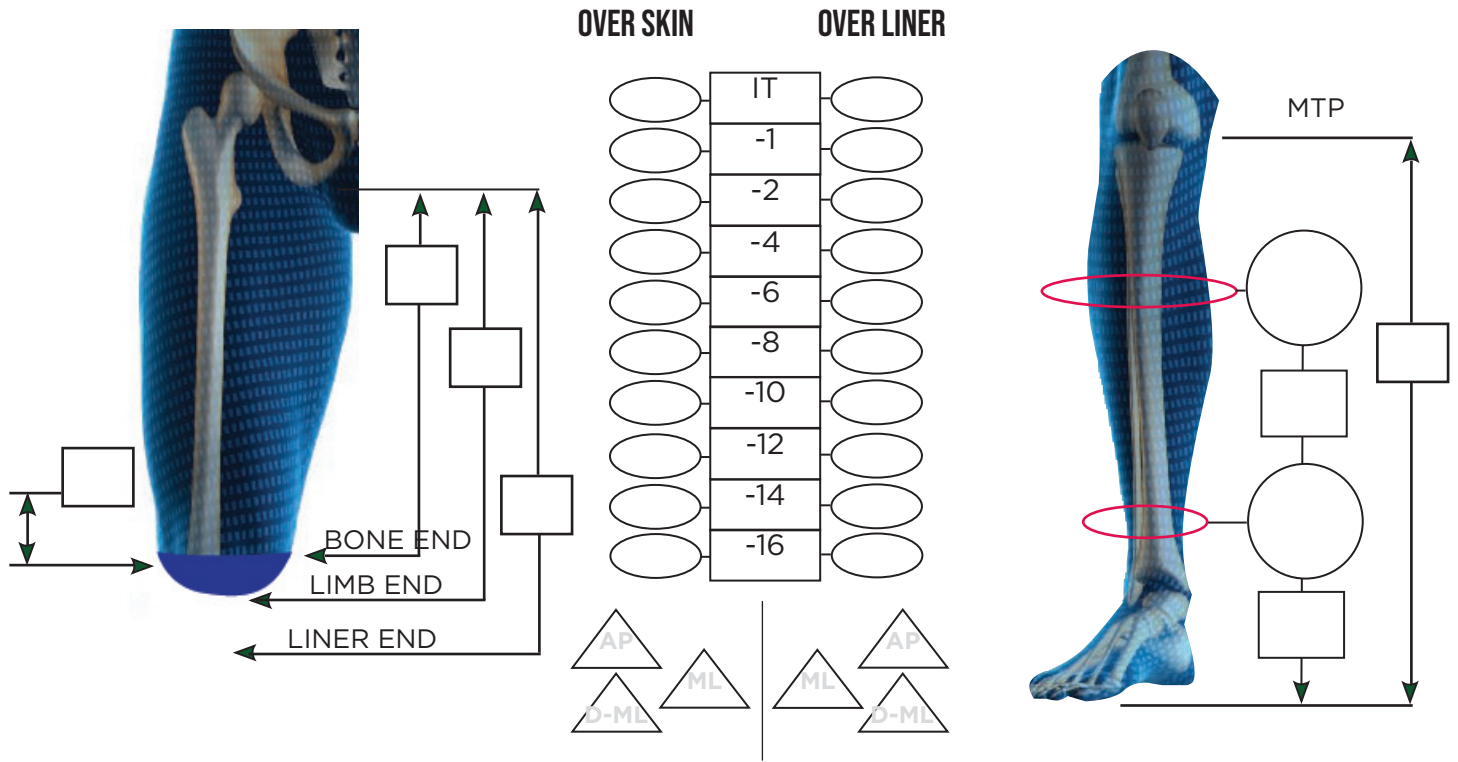
Knee \_\_\_\_\_  
 Hip \_\_\_\_\_

### ALIGNMENT

Transfer Alignment  
 Bench Alignment  
 Parts Sent w/Cast  Y  N  
 Parts Ordered \_\_\_\_\_

**\*\*WE WILL NOT ACCEPT JOBS WITHOUT PATIENT'S WEIGHT OR HEIGHT ON THE FORM.**

# ABOVE-THE-KNEE MEASUREMENTS



# BELOW-THE-KNEE MEASUREMENTS

