

PLEASE FILL OUT THE FORM COMPLETELY. MISSING/INCORRECT INFORMATION MAY DELAY YOUR ORDER.

GENERAL:

Submission Date:* _____ P.O. #: _____ Distributor:* _____
 Account #: _____
 Practitioner Name:* _____
 Phone:* _____ Mobile: _____ Email:* _____
 Contact me via:* phone mobile email

SHIP TO:

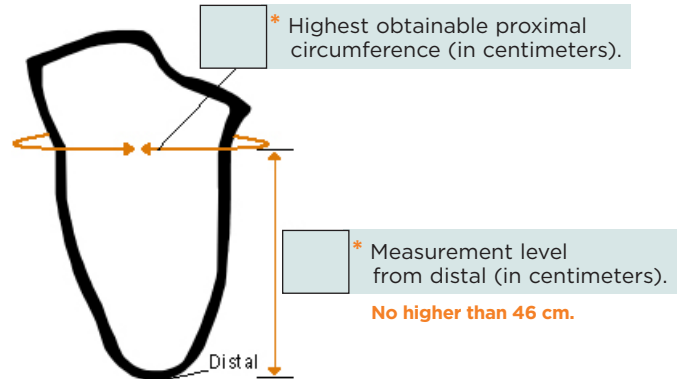
Company Name:* _____
 Street Address:* _____
 Address Line 2: _____ City:* _____
 State/Province/Region:* _____ ZIP/Postal Code:* _____ Country:* _____

BILL TO:

Same as Ship To?* Yes No (If No; Please indicate below)
 Street Address: _____
 Address Line 2: _____ City: _____
 State/Province/Region: _____ ZIP/Postal Code: _____ Country: _____

PATIENT INFORMATION:

Patient Identification:* _____
 Amputation Side: Left Right
 If Bilateral, be sure to fill out a form for each shape.
 Amputation Level:* AK Knee Disarticulation
 The following marks are helpful if indicated on the shape:
Standard AK:
 • Lateral Distal Femur
 • Ischium
 • Scar/Invagination
Knee Disarticulation:
 • Lateral Distal Femur Condyle
 • Medial Distal Femur Condyle
 • Scar/Invagination
 • Ischium
 • Distal Femur



LINER INFORMATION:

Quantity of this DESIGN Liner:* _____ Liner Type:* Locking Cushion Duo (fabric-free)

Complete the following for standard liners only (excludes Duo):

Outer Fabric Type/Color: † Required for Locking/Cushion
 Original fabric, Buff Spirit fabric, Buff MAX fabric, Buff
 Select fabric, Gray Select fabric, Taupe

Gel Type: † Classic Gel Hybrid Gel

- **Cushion only**
- Dark Gray
- Silicone Exterior, Satin finish
- Classic Gel
- Includes a Gel Sock

NOTES:

Would you like your distributor to contact you before starting this order?:* Yes No