

<b>CUSTOMER #</b>	<b>P.O.#</b>	<b>DATE</b>
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## PROSTHETIST INFORMATION

### BILLING

FACILITY/ATTN:

ADDRESS

CITY STATE/PROV

COUNTRY POST

PHONE FAX

 CARRIER\* ☐ UPS ☐ OTHER

### SHIPPING (LEAVE BLANK IF SAME AS BILLING)

FACILITY/ATTN:

ADDRESS

CITY STATE/PROV

COUNTRY POST

PHONE FAX

DATE REQUIRED TIME

EMAIL

## PATIENT INFORMATION

PROSTHETIST NAME

REQUISITIONER

PATIENT ID

NOTES

cm	13	14	15	16	17	18	19	20	21	22
Size Up footshell	13/14	14/15	N/A	16/17	17/18	N/A	19/20	20/21	21/22	N/A

### Additional Accessories:

- ☐ Shelltread ☐ Exo Alignment Tool (16-22cm only)  
☐ Size-Up Footshell (restrictions apply) ☐ Endo Sealing Boot (16-22cm only)  
☐ Exo Block Kit (16-22cm only)\*

\*required for new prosthesis



## PEDIATRIC

PART ID	SIDE	SHELL COLOR	HOUSING COLOR	SIZE	FIRMNESS CATEGORY
SC	L		M		G
SC	R		M		G







Caucasian	C
Tan	T
Brown	B

13-22cm

1-4

WEIGHT KG	0-25	26-33	34-45	46-60
SIZE CM	13-15			
LOW-HIGH IMPACT	1	N/A	N/A	N/A
SIZE CM	16-18			
LOW-HIGH IMPACT	1	2	3	N/A
SIZE CM	19-22			
LOW-HIGH IMPACT	1	2	3	4

### REQUIRED ADAPTER SELECTION

<input type="checkbox"/>		Threaded Adapter, SS, Pediatric	TA SP
<input type="checkbox"/>		Threaded Receiver, SS, Pediatric	TR SP
<input type="checkbox"/>		Threaded Exo Adapter, SS, Pediatric**	TXA SP
<input type="checkbox"/>		Threaded Lamination Adapter, Small, SS, Pediatric	TLAS SP
<input type="checkbox"/>		Threaded Lamination Adapter, Medium, SS, Pediatric	TLAM SP
<input type="checkbox"/>		Threaded Lamination Adapter, Large, SS, Pediatric	TLAL SP

\*\*only for sizes 16 and up.