

CUSTOMER # **P.O.#** **DATE**

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



PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	WIDTH	FIRMNESS CATEGORY
VL	L		M			G
VL	R		M			G

Caucasian	C
Tan	T
Brown	B
Jet Black	J

25-30cm

Narrow	N
Wide 25-30cm only	W

College Park suggests the Wide option for male patients.

1-6

Additional Accessories:

☐ Shelltread

WEIGHT KG	0-45	46-54	55-63	64-72	73-81	82-91	92-100	101-113	114-125
SIZE CM	25-26								
LOW-MODERATE IMPACT	1	1	1	2	2	3	4	5	N/A
HIGH IMPACT	1	2	2	3	3	4	5	6	N/A
SIZE CM	27-30								
LOW-MODERATE IMPACT	1	1	1	1	2	2	3	4	5
HIGH IMPACT	1	2	2	2	3	3	4	5	6