

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



M3

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

Caucasian	C
Tan	T
Brown	B
Jet Black	J

Endo	EN
Exo	ALX

21-30cm	Narrow	N
	Wide	W

College Park suggests the Wide option for male patients.

1-5

Additional Accessories:

- ☐ Shelltread
- ☐ Exo Block
- ☐ Exo Alignment Tool

WEIGHT KG	0-45	46-54	55-63	64-72	73-81	82-91	92-100	101-113	114-125
SIZE CM	21-24								
LOW IMPACT	1	1	2	3	3	4	4	5	N/A
MODERATE IMPACT	1	2	3	3	4	4	5	5	N/A
HIGH IMPACT	2	3	3	3	4	4	5	5	N/A
SIZE CM	25-30								
LOW IMPACT	1	1	2	3	3	4	4	5	5
MODERATE IMPACT	1	2	3	3	4	4	5	5	N/A
HIGH IMPACT	2	3	3	4	4	4	5	5	N/A