

CUSTOMER #	P.O.#	DATE
-------------------	--------------	-------------

PROSTHETIST INFORMATION

BILLING	SHIPPING (LEAVE BLANK IF SAME AS BILLING)
FACILITY/ATTN: _____	FACILITY/ATTN: _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE/PROV _____	CITY _____ STATE/PROV _____
COUNTRY _____ POST _____	COUNTRY _____ POST _____
PHONE _____ FAX _____	PHONE _____ FAX _____
CARRIER* <input type="checkbox"/> UPS <input type="checkbox"/> OTHER	DATE REQUIRED _____ TIME _____
*ORDERS SHIP UPS GROUND ON THE FOLLOWING DAY UNLESS SPECIFIED.	EMAIL _____

PATIENT INFORMATION

PROSTHETIST (NAME, TITLE)		REQUISITIONER	
PATIENT (FIRST, LAST)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE
HEIGHT (CM)	WEIGHT	<input type="checkbox"/> KG <input type="checkbox"/> LBS AMP LEVEL <input type="checkbox"/> AK <input type="checkbox"/> BK <input type="checkbox"/> HIP <input type="checkbox"/> KNEE <input type="checkbox"/> SYMES	



soleus®		IMPACT LEVEL: <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH																			
PART ID	SIDE	SHELL COLOR	HOUSING	SIZE	WIDTH																
SO	L																				
SO	R																				
		<table border="1" style="font-size: 0.8em;"> <tr><td>Caucasian</td><td>C</td></tr> <tr><td>Tan</td><td>T</td></tr> <tr><td>Brown</td><td>B</td></tr> <tr><td>Jet Black</td><td>J</td></tr> </table>	Caucasian	C	Tan	T	Brown	B	Jet Black	J	<table border="1" style="font-size: 0.8em;"> <tr><td>Silver</td><td>S</td></tr> <tr><td>Gold</td><td>G</td></tr> </table>	Silver	S	Gold	G	21-30cm	<table border="1" style="font-size: 0.8em;"> <tr><td>Wide Option</td><td>W</td></tr> <tr><td colspan="2" style="font-size: 0.7em;">24-30cm only</td></tr> </table>	Wide Option	W	24-30cm only	
Caucasian	C																				
Tan	T																				
Brown	B																				
Jet Black	J																				
Silver	S																				
Gold	G																				
Wide Option	W																				
24-30cm only																					

- OPTIONS:**
- Shelltread
 - Adapters:
 - Rotatable Adapter
 - Rotatable Receiver
 - Standard Adapter
 - Standard Receiver



velocity®		IMPACT LEVEL: <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH													
PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	WIDTH										
VL	L		EN												
VL	R		EN												
		<table border="1" style="font-size: 0.8em;"> <tr><td>Caucasian</td><td>C</td></tr> <tr><td>Tan</td><td>T</td></tr> <tr><td>Brown</td><td>B</td></tr> <tr><td>Jet Black</td><td>J</td></tr> </table>	Caucasian	C	Tan	T	Brown	B	Jet Black	J		25-30cm	<table border="1" style="font-size: 0.8em;"> <tr><td>Wide Option</td><td>W</td></tr> </table>	Wide Option	W
Caucasian	C														
Tan	T														
Brown	B														
Jet Black	J														
Wide Option	W														

- OPTIONS:**
- Shelltread



onyx®		IMPACT LEVEL: <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH															
PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	WIDTH												
OX	L		DP*														
OX	R		DP*														
		<table border="1" style="font-size: 0.8em;"> <tr><td>Caucasian</td><td>C</td></tr> <tr><td>Tan</td><td>T</td></tr> <tr><td>Brown</td><td>B</td></tr> <tr><td>Jet Black</td><td>J</td></tr> </table>	Caucasian	C	Tan	T	Brown	B	Jet Black	J	*See options	21-30cm	<table border="1" style="font-size: 0.8em;"> <tr><td>Wide Option</td><td>W</td></tr> <tr><td colspan="2" style="font-size: 0.7em;">24-30cm only</td></tr> </table>	Wide Option	W	24-30cm only	
Caucasian	C																
Tan	T																
Brown	B																
Jet Black	J																
Wide Option	W																
24-30cm only																	

- OPTIONS:**
- Shelltread
 - *Dynamic Pylon:
 - Male
 - Female
 - 4-hole
 - Limb Clearance:
 - _____ cm in


CUSTOMER #	P.O.#	DATE
-------------------	--------------	-------------

PROSTHETIST INFORMATION


BILLING	SHIPPING (LEAVE BLANK IF SAME AS BILLING)
FACILITY/ATTN:	FACILITY/ATTN:
ADDRESS	ADDRESS
CITY STATE/PROV	CITY STATE/PROV
COUNTRY POST	COUNTRY POST
PHONE FAX	PHONE FAX
CARRIER* <input type="checkbox"/> UPS <input type="checkbox"/> OTHER	DATE REQUIRED TIME
*ORDERS SHIP UPS GROUND ON THE FOLLOWING DAY UNLESS SPECIFIED.	EMAIL

PATIENT INFORMATION

PROSTHETIST (NAME, TITLE)		REQUISITIONER	
PATIENT (FIRST, LAST)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE
HEIGHT (CM)	WEIGHT	<input type="checkbox"/> KG <input type="checkbox"/> LBS	AMP LEVEL <input type="checkbox"/> AK <input type="checkbox"/> BK <input type="checkbox"/> HIP <input type="checkbox"/> KNEE <input type="checkbox"/> SYMES



HIGH ACTIVITY



IMPACT LEVEL: LOW MODERATE HIGH

PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	WIDTH
V	L				
V	R				


Caucasian	C
Tan	T
Brown	B
Jet Black	J

Endo	EN
Exo	ALX


21-30cm

Wide Option 24-30cm only	W
-----------------------------	---

OPTIONS:
 Shelltread
 Exo Alignment Tool
 Exo Block



HIGH ACTIVITY



IMPACT LEVEL: LOW MODERATE HIGH

PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	WIDTH
TS	L				
TS	R				


Caucasian	C
Tan	T
Brown	B
Jet Black	J

Endo	EN
Exo	ALX


22-31cm

Wide Option 24-31cm only	W
-----------------------------	---

OPTIONS:
 Shelltread
 Exo Alignment Tool
 Exo Block
 Endo Sealing Boot



MEDIUM ACTIVITY



IMPACT LEVEL: LOW MODERATE

PART ID	SIDE	SHELL COLOR	MOUNTING	TOE	SIZE	WIDTH
TB	L		EN			
TB	R		EN			

Caucasian	C
Tan	T
Brown	B
Jet Black*	J

Regular Toe	R
Sandal Toe	S

21-30cm

Wide Option 24-30cm only	W
-----------------------------	---

OPTIONS:
 Shelltread

*Jet Black not available with Sandal Toe. Wide not available with Sandal Toe.

CUSTOMER #	P.O.#	DATE
-------------------	--------------	-------------

PROSTHETIST INFORMATION

BILLING	SHIPPING (LEAVE BLANK IF SAME AS BILLING)
FACILITY/ATTN: _____	FACILITY/ATTN: _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE/PROV _____	CITY _____ STATE/PROV _____
COUNTRY _____ POST _____	COUNTRY _____ POST _____
PHONE _____ FAX _____	PHONE _____ FAX _____
CARRIER* <input type="checkbox"/> UPS <input type="checkbox"/> OTHER	DATE REQUIRED _____ TIME _____
<small>*ORDERS SHIP UPS GROUND ON THE FOLLOWING DAY UNLESS SPECIFIED.</small>	EMAIL _____

PATIENT INFORMATION

PROSTHETIST (NAME, TITLE) _____		REQUISITIONER _____	
PATIENT (FIRST, LAST) _____		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE _____
HEIGHT (CM) _____	WEIGHT _____	<input type="checkbox"/> KG <input type="checkbox"/> LBS AMP LEVEL <input type="checkbox"/> AK <input type="checkbox"/> BK <input type="checkbox"/> HIP <input type="checkbox"/> KNEE <input type="checkbox"/> SYMES	


IMPACT LEVEL: LOW MODERATE


PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE
CS	L		EN	
CS	R		EN	

Caucasian	C
Tan	T
Brown	B

21-30cm

OPTIONS:
 Shelltread

IMPACT LEVEL: LOW MODERATE


PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE
TE	L		EN	
TE	R		EN	

Caucasian	C
Tan	T
Brown	B

21-30cm

OPTIONS:
 Shelltread

IMPACT LEVEL: LOW MODERATE


PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE
BE	L		EN	
BE	R		EN	

Caucasian	C
Tan	T
Brown	B

21-30cm

OPTIONS:
 Shelltread


CUSTOMER #	P.O.#	DATE
-------------------	--------------	-------------

PROSTHETIST INFORMATION


BILLING	SHIPPING (LEAVE BLANK IF SAME AS BILLING)
FACILITY/ATTN: _____	FACILITY/ATTN: _____
ADDRESS _____	ADDRESS _____
CITY _____ STATE/PROV _____	CITY _____ STATE/PROV _____
COUNTRY _____ POST _____	COUNTRY _____ POST _____
PHONE _____ FAX _____	PHONE _____ FAX _____
CARRIER* <input type="checkbox"/> UPS <input type="checkbox"/> OTHER	DATE REQUIRED _____ TIME _____
<small>*ORDERS SHIP UPS GROUND ON THE FOLLOWING DAY UNLESS SPECIFIED.</small>	EMAIL _____

PATIENT INFORMATION

PROSTHETIST (NAME, TITLE)		REQUISITIONER	
PATIENT (FIRST, LAST)		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE
HEIGHT (CM)	WEIGHT	<input type="checkbox"/> KG <input type="checkbox"/> LBS AMP LEVEL <input type="checkbox"/> AK <input type="checkbox"/> BK <input type="checkbox"/> HIP <input type="checkbox"/> KNEE <input type="checkbox"/> SYMES	



ADJUSTABLE HEEL



IMPACT LEVEL: LOW MODERATE

PART ID	SIDE	SHELL COLOR	MOUNTING	BUTTON PLACEMENT	SIZE	WIDTH
AC	L					
AC	R					

Caucasian	C
Brown	B

Integrated Pyramid	IP
Dynamic Pylon*	DP

Medial	M
Lateral	L

21-28cm


Wide Option 23-26cm only

W


*See options

OPTIONS:

 Shelltread
 *Dynamic Pylon:
 Male
 Female
 4-hole
 Limb Clearance:
 _____ cm in



PEDIATRIC



IMPACT LEVEL: HIGH

PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE
TP	L			
TP	R			

Caucasian	C
Tan	T
Brown	B

Endo	EN
Exo	ALX

16-21cm

OPTIONS:

 Shelltread
 Exo Alignment Tool
 Exo Block
 Endo Sealing Boot

ADDITIONAL ITEMS AND NOTES
 If ordering additional parts, please indicate part number.