

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	FIRMNESS CATEGORY
TN	L		EN		G
TN	R		EN		G

Caucasian	C
Tan	T
Brown	B
Jet Black	J

21-30cm

1-7

Additional Accessories:

☐ Shelltread

WEIGHT KG	0-63	64-81	82-100	101-125	126-150	151-166
SIZE CM	21-30					26-30
LOW-MODERATE IMPACT	1	2	3	4	5	7
HIGH IMPACT	2	3	4	5	6	7