

CUSTOMER #	P.O.#	DATE
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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



PART ID	SIDE	SHELL COLOR	MOUNTING	TOE	SIZE	WIDTH*	FIRMNESS CATEGORY
TB	L		EN				G
TB	R		EN				G

Additional Accessories:

☐ Shelltread

Caucasian	C
Tan	T
Brown	B
Jet Black (regular toe only)	J

Regular Toe	Leave Blank
Sandal Toe	S

21-30cm

Narrow	N
Wide 24-30cm only	W

*Wide not available in Sandal Toe.
Leave field blank if ordering Sandal Toe.
College Park suggests the
Wide option for male patients.

1-4

WEIGHT KG	0-45	46-54	55-63	64-72	73-81	82-91	92-100
SIZE CM	21-30						
LOW IMPACT	1	1	2	2	3	3	4
MODERATE IMPACT	1	2	2	2	3	4	4