

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
TS	L					G
TS	R					G

Additional Accessories:

- ☐ Shelltread
- ☐ Exo Block
- ☐ Exo Alignment Tool
- ☐ Endo Sealing Boot

Caucasian	C
Tan	T
Brown	B
Jet Black	J

Endo	EN
Exo	ALX

22-31cm

Narrow	N
Wide	W

College Park suggests the Wide option for male patients.

1-9

WEIGHT KG	0-33	34-45	46-54	55-63	64-72	73-81	82-91	92-100	101-113	114-125	126-136	137-150	151-160
SIZE CM	22-31												EXO ONLY
LOW IMPACT	1	2	3	4	4	5	6	6	7	7	8	8	9
MODERATE IMPACT	1	2	3	4	5	6	6	7	7	7	8	9	9
HIGH IMPACT	2	3	4	5	6	6	7	7	8	8	8	9	9