



PROSTHETIC DESIGN, INC.

LOWER LIMB MANUFACTURING
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TRANS-FEMORAL SOCKET ORDER FORM

Please complete entire form.

Company Name: _____

Customer PO#: _____

Practitioner Name: _____

Date: _____

Phone: _____

Fax: _____

Email: _____

Bill To:

Ship To:

Name _____

Name _____

Street _____

Street _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Date Required: _____ (Delivery Date Requested)

UPS Shipping Method:

<input type="checkbox"/> Ground	<input type="checkbox"/> 3 rd Day Select	<input type="checkbox"/> 2 nd Day Air
<input type="checkbox"/> Next Day Air	<input type="checkbox"/> Next Day Air Saver	<input type="checkbox"/> Next Day Air Early AM

Patient Name: _____

Side: Left Right

Activity Level: _____

Weight: _____

Height: _____

Template:

<input type="checkbox"/> NARROW ML 1	<input type="checkbox"/> NARROW ML 5	<input type="checkbox"/> SOFT QUAD	<input type="checkbox"/> SOFT FORM
<input type="checkbox"/> NARROW ML 2	<input type="checkbox"/> QUAD 1	<input type="checkbox"/> QUAD HYBRID	
<input type="checkbox"/> NARROW ML 3	<input type="checkbox"/> QUAD 2	<input type="checkbox"/> ISCHIAL CONTAINMENT	
<input type="checkbox"/> NARROW ML 4	<input type="checkbox"/> SOFT NML	<input type="checkbox"/> HARD FORM	

Reference:

<input type="checkbox"/> ISCHIUM	<input type="checkbox"/> ADDUCTOR LONGUS
<input type="checkbox"/> GREATER TROCHANTER	

Level	Circumference	Reduction
2"		
4"		
6"		
8"		
10"		
12"		

Length @ Ref Point: _____

Square Distal End

Socket Color:

<input type="checkbox"/> Black	<input type="checkbox"/> Brown	<input type="checkbox"/> Caucasian
<input type="checkbox"/> White	<input type="checkbox"/> Clear Static	<input type="checkbox"/> Clear Dynamic

Locks:

<input type="checkbox"/> X-PSH-PLUS	<input type="checkbox"/> X-TI-PLUS	<input type="checkbox"/> P-PSH-PLUS
<input type="checkbox"/> X-PUL-PLUS	<input type="checkbox"/> X-TI-SM	

Component Assembly

Special Plunger Pin Req.:

<input type="checkbox"/> X-MPP	<input type="checkbox"/> X-LPP	<input type="checkbox"/> X-XSPP	<input type="checkbox"/> RZ1	<input type="checkbox"/> RZ1-MPP
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Connectors:

<input type="checkbox"/> PYR	<input type="checkbox"/> PYR-SL-TI	<input type="checkbox"/> PYR-SL-R-TI	<input type="checkbox"/> STEALTH360	<input type="checkbox"/> STEALTH360-TI
<input type="checkbox"/> PR-SL-R-TI	<input type="checkbox"/> PYR-TL	<input type="checkbox"/> OTHER: _____		