



PROSTHETIC DESIGN, INC.

LOWER LIMB MANUFACTURING
700 Harco Drive • Clayton, OH 45315
Email: fab247@prostheticdesign.com

Fax: (937) 832-5361 • Phone: (937) 836-1464 • Toll Free: (800) 459-0177

EVLS™ SOCKET ORDER FORM

Please complete entire form.

Company Name: _____ Customer PO#: _____

Practitioner Name: _____ Date: _____

Phone: _____ Fax: _____ Email: _____

Bill To: _____ **Ship To:** _____

Street _____ Street _____

City _____ State _____ City _____ State _____

Zip _____ 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

Socket Specifications

Patient Name: _____

Socket Color: Black Brown Caucasian White

Socket Type: Above Knee (AK) Below Knee (BK)

Orientation: Left Right

Trimlines: (Standard EVLS trimlines are 2" above MPT for Medial/Lateral and 1½" above MPT for Anterior)

Shelf Style: (Standard EVLS shelf is Medium W Back with ¼" build height)

Cast Markings-Cast should be taken with patient wearing liner

Please mark the following landmarks on the cast:

For BK: Mid Patella Tendon / Fibula Head

For AK: Anterior Orientation / Ischium / Ramus / Adductor Longus / Greater Trochanter

--Please mark any additional bony protrusions on cast--

Detail any additional requests below (distal tibia build-ups, fibula head build-ups, trimline changes, shelf style, etc).

Additional FAB notes: _____

Additional Components:

<input type="checkbox"/> EVLS-CAUC	<input type="checkbox"/> EVLS-BRN	<input type="checkbox"/> PYR	<input type="checkbox"/> PYR-SL-TI	<input type="checkbox"/> PYR-SL-R-TI
<input type="checkbox"/> STEALTH360	<input type="checkbox"/> OTHER: _____			