

TF CHECK SOCKET ORDER FORM

Send all casts, sockets, files to: 7199 S Conway Rd #100, Orlando, FL 32812
 tel: (888)839-6213, fax: (800)788-9878 | cs@ossur.com | www.ossur.com

BILLING & SHIPPING INFORMATION

Össur Account #: _____
 CONTACT FOR ORDERING OR DELIVERY QUESTIONS:
 Contact: _____

 Email: _____
 Mobile Phone: _____

Date needed in office: _____
 Ship To: _____
 Company: _____
 Address: _____
 City/State/Zip: _____
 Contact: _____
 Phone: _____ Fax: _____
 Email: _____

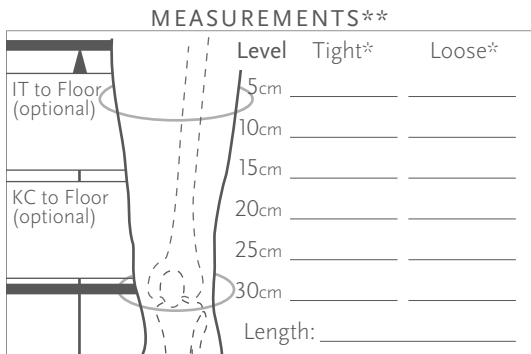
PO#: _____ Shipping Check Priority: Next Day Air 2nd Day

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information enables us to provide the highest quality product for you and your patient.

REQUIRED PATIENT INFORMATION

Last Name: _____ Height: _____ ft. _____ in. Impact Level: High Med Low Amputation Level: AK KD
 First Name: _____ Weight: _____ lbs. K-Level: K1 K2 K3 K4 Left: Right: Bilat Order:

MEASUREMENTS ■ Call to discuss before design



BRIM

Soft IC IC Quad

DISTAL END SHAPES

Cylindrical Squared Bulbous Conical

MATERIAL

PETG Thermolyn

***ANGLES**

Flexion: _____ Adduction: _____
 *Expulsion/vacuum angles are 3° if not specified

LINER USED

Total Reduction: _____ % Cast sent to Össur Custom Solutions (optional)
 _____ Ply Check here to receive foam carving for this order.
 *No reduction when tight and loose measurements provided.

****Length and circumferences are required. If not provided and socket fit requires remake, customer is responsible for cost of remake.**

SUSPENSION & SOCKET ADAPTER

LOCKING OPTIONS

200 Series Lock & Extra Pin
 600 Series Ratchet Lock & Extra Pin
 600 Series Smooth Lock & Extra Pin
 600 Series 4 Hole
 600 Series Pyramid Adapter

EXPULSION OPTIONS

Expulsion Plate Kit
 AK Icelock Expulsion Valve
 544 Socket Adapter
 3-Prong Socket Adapter
 4-Prong Socket Adapter

LANYARDS

Icelock 600 Series Lanyard
 Icelock 200 Series Lanyard

UNITY OPTIONS

Unity Plate Kit
 Unity Valve Kit

OTHER OPTIONS(write in)

Other: _____

NOTES Please specify which components you send us should be reattached, replaced with new, or returned unattached.

BILLING & SHIPPING INFORMATION

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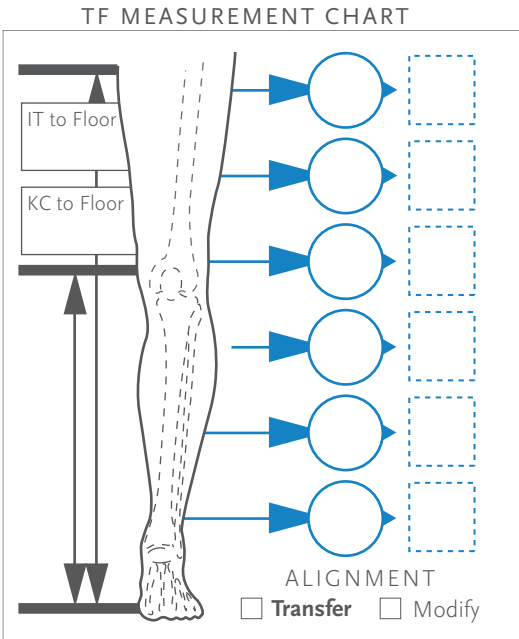
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PATIENT INFORMATION

Last Name: _____ First Name: _____ Weight: _____ lbs.
Impact Level: High Medium Low Amputation Level: AK KD Left: Right: Bilat Order:

DEFINITIVE SOCKET ■ Call to discuss before fabrication



*ITEMS IN BOLD ARE THE DEFAULT SELECTIONS UNLESS OTHERWISE SPECIFIED
 From Socket From Cast From CAD/AOP file dated: _____

FABRICATION

SOCKET MATERIAL		SPECIAL FABRICATION
INNER	LAMINATION FINISH	<input type="checkbox"/> RevoFIT Socket (draw windows and dial location on check socket) <input type="checkbox"/> Pads on RevoFIT panels <input type="checkbox"/> Removable Cosmetic Cover (see left)
<input type="checkbox"/> Proflex	<input type="checkbox"/> Carbon	
<input type="checkbox"/> MPE	<input type="checkbox"/> Basalt	
<input type="checkbox"/> Keasy	<input type="checkbox"/> Color (PRS Pigment 1-16)	
<input type="checkbox"/> Other	<input type="checkbox"/> Decorative Lamination	

SUSPENSION & SOCKET ADAPTER

LOCKING OPTIONS	EXPULSION OPTIONS
<input type="checkbox"/> 200 Series Lock & Extra Pin <input type="checkbox"/> 600 Series Ratchet Lock & Extra Pin <input type="checkbox"/> 600 Series Smooth Lock & Extra Pin <input type="checkbox"/> 600 Series 4 Hole <input type="checkbox"/> 600 Series Pyramid Adapter	<input type="checkbox"/> Expulsion Plate Kit <input type="checkbox"/> AK Icelock Expulsion Valve <input type="checkbox"/> 544 Socket Adapter <input type="checkbox"/> 3-Prong Socket Adapter <input type="checkbox"/> 4-Prong Socket Adapter

MODIFICATIONS

SOCKET SIZING	PROSTHETIC HEIGHT
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease %: _____ Ply: _____ *7 ply max	(optional) <input type="checkbox"/> Transfer <input type="checkbox"/> Extend: _____ <input type="checkbox"/> Shorten: _____

LANYARDS	UNITY OPTIONS	OTHER OPTIONS
<input type="checkbox"/> Icelock 600 Series Lanyard <input type="checkbox"/> Icelock 200 Series Lanyard	<input type="checkbox"/> Unity Plate Kit <input type="checkbox"/> Unity Valve Kit	<input type="checkbox"/> Other: _____

NOTES Please specify which components you send us should be reattached, replaced with new, or returned unattached.