

# BK CHECK SOCKETS

## WillowWood's Custom Fabrication Department Order Form

Date:	Purchase Order #:	
Contact Name:	Email address:	
Facility:	Account #:	
Shipping To:		
Shipping Address:		
City:	State:	Zip Code:
Phone: (    )	Fax: (    )	
Patient Name:	<input type="checkbox"/> Right	<input type="checkbox"/> Left

### TYPE OF SOCKET: (PLEASE CHECK)

Check Socket:  Vivak    or     Northflex

Lamination:        Color: \_\_\_\_\_

Co-Poly:         White    or     Flesh Tone

### ADDITIONAL SERVICES: (CHECK AS NEEDED)

Pelite Liner with Distal Pad

Components, Locks, Liners, etc...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cosmetic Cover:     Calf     Ankle

Other: (please explain)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SHIPPING METHOD: (CHECK ONE)

UPS Ground

UPS Blue (2<sup>nd</sup> day)

UPS Red (next day)

Special Instructions/Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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