

Definitive Socket Order Form

GENERAL

Date _____ PO number _____
 Prosthetist name _____ Email address _____
 Facility _____ Account number _____
 Shipping to _____
 Shipping address _____
 City _____ State _____ Zip Code _____
 Phone _____ Preferred Contact Method _____

PATIENT INFORMATION

Patient ID _____ Amputation level (check one)
 Amputation side Right Left TF
 Reduction amount _____ TT
 Measurements taken over liner? Yes No HD
 Special instructions _____ Symes

SOCKET INFORMATION (PLEASE CHECK)

includes fabrication of positive model, trim, and finish

Is this a replacement socket? Yes No Lower Socket to Adapter? Yes No
 Polypropylene copolymer OFAB-DS-CP
 Single lamination OFAB-DS-SL Double lamination OFAB-DS-DL
 Single laminated frame w/flexible inner socket OFAB-DS-FF Exoskeletal laminated OFAB-DS-XO

ADDITIONS (CHECK AS NEEDED)

Alignment transfer OFAB-AD-01 Molded distal cushion OFAB-AD-04
 Bench alignment setup of components to socket OFAB-AD-02 Pelite insert, 3/16" OFAB-AD-05
 Create electronic AK shape by measurements OFAB-AD-10 Additional lamination OFAB-AD-06
(refer to page 2)
 Shape and finish cosmetic cover OFAB-AD-03 Install expulsion valve OFAB-AD-09
 Measurements: Calf _____ Green Dot
 Knee _____ Lyn Valve®
 Ankle _____ Oversize foam >12" x 18" OFAB-AD-11
 Additional distal reinforcement OFAB-AD-07 Color of Lamination: _____

SHIPPING METHOD (CHECK ONE)

FedEx Ground FedEx Priority Overnight
 FedEx Express 2-day A.M. Other _____

For order processing, please ship completed order form and items to the nearest location:

Utah Facility
 1760 West Redwood Depot Lane, Suite 6
 Salt Lake City, UT 84104 USA

Ohio Facility
 15441 Scioto Darby Road
 Mt. Sterling, OH 43143 USA

WillowWood®

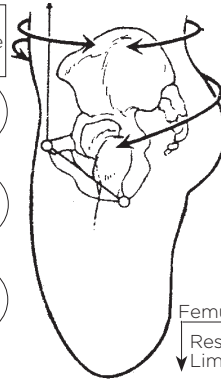
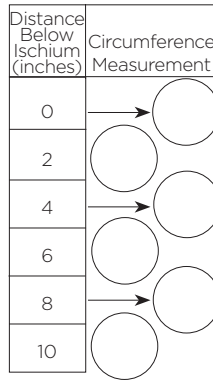
Phone: 800-848-4930; Fax: 888-878-4858
 www.willowwoodco.com

AK by Measurement Order Form

Degree of contracture: Hip flexion _____
 Stump adduction _____
 Abduction _____

Brim shape _____
Select from options shown below

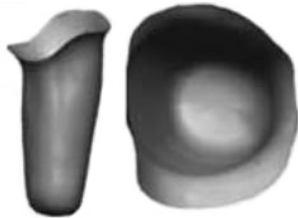
Special instructions _____



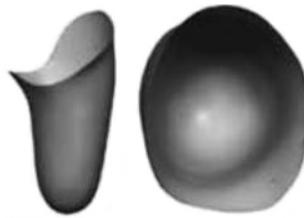
Unit of Measurement
 inches
 millimeters
 centimeters

Femur Length
 Residual Limb Length

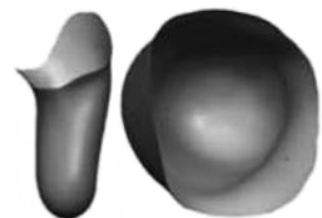
Anterior and medial views of available brim shapes:



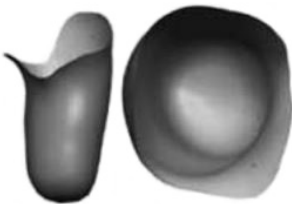
#1: Knee disartic



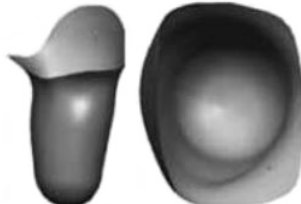
#2: TCNarrowMedLat 1



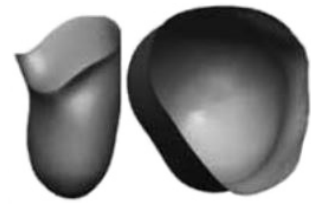
#3: TCNarrowMedLat 2



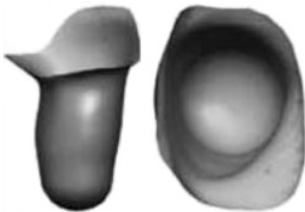
#4: TCNarrowMedLat 3



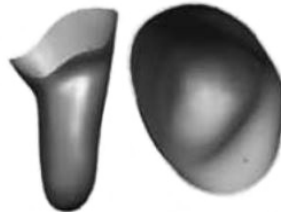
#5: TCNarrowMedLat 4



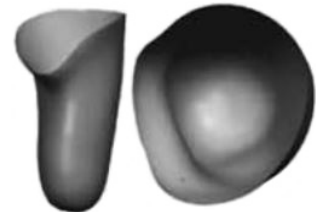
#6: TCNarrowMedLat 5



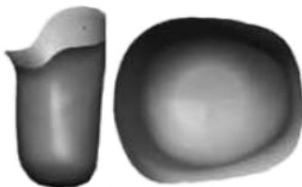
#7: TCNarrowMedLat 6



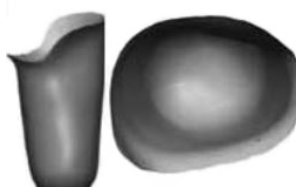
#8: TCNarrowMedLat 7



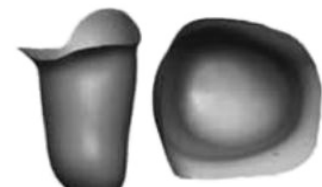
#9: TCNarrowMedLat 8



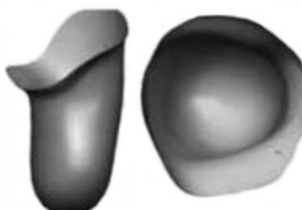
#10: TCQuad 1



#11: TCQuad 2



#12: TCQuad 3



#13: TCQuad 4

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