

## Test 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)

Carving only  Check socket  
      Standard OFAB-CP-ST *includes fabrication of positive model, trim, & finish*  
      Oversize >12" x 18" OFAB-CP-OS  PETG/Vivak® OFAB-TS-1  
      Northplex® or equivalent OFAB-TS-2  
      ThermoLyn® or equivalent OFAB-TS-3

### ADDITIONS (CHECK AS NEEDED)

Bench alignment setup of components to socket OFAB-AD-02  Molded distal cushion OFAB-AD-04  
 Create electronic AK shape by measurements OFAB-AD-10  Pelite insert, 3/16" OFAB-AD-05  
     *(refer to page 2)*  Install expulsion valve OFAB-AD-09  
 Install socket adapter (select one) OFAB-AD-08  Green Dot  
      Alpha Lock 700-AIS480  Lyn Valve®  
      G-Lock 700-GL480  Oversize foam >12" x 18" OFAB-AD-11  
      Mini G-Lock 700-MGL480  
      Lamination Lock 700-AL600 *(socket will be reinforced appropriately)*  
      Other

### CARRIER (CHECK ONE)

UPS  FedEx  
 Other \_\_\_\_\_

### SHIPPING METHOD (CHECK ONE)

**\$8.00\***  Ground  2-Day, anytime  2-Day, A.M.  
**standard charges**  Next Day, anytime  Next Day, by noon  Next Day early A.M.

*\* Excludes shipments to Alaska, Hawaii, and Puerto Rico.*

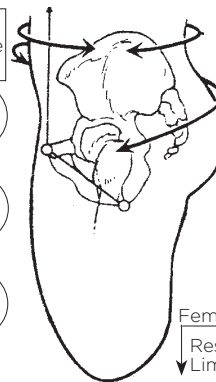
# AK by Measurement Order Form

Degree of contracture: Hip flexion \_\_\_\_\_  
 Stump adduction \_\_\_\_\_  
 Abduction \_\_\_\_\_

Brim shape \_\_\_\_\_  
*Select from options shown below*

Special instructions \_\_\_\_\_  
 \_\_\_\_\_

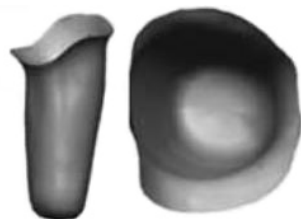
Distance Below Ischium (inches)	Circumference Measurement
0	
2	
4	
6	
8	
10	



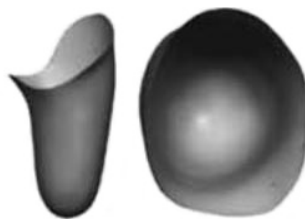
Unit of Measurement  
 inches  
 millimeters  
 centimeters

Femur Length   
 Residual Limb Length

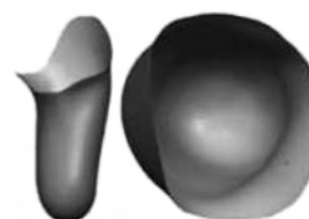
Anterior and medial views of available brim shapes:



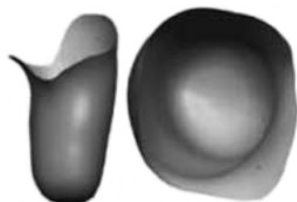
#1: Knee disartic



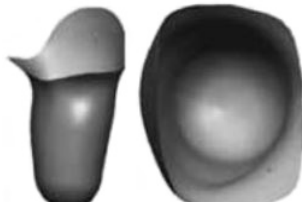
#2: TCNarrowMedLat 1



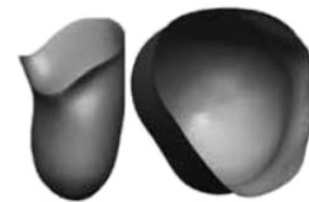
#3: TCNarrowMedLat 2



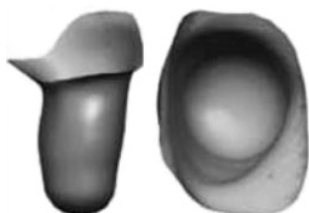
#4: TCNarrowMedLat 3



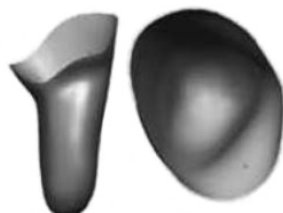
#5: TCNarrowMedLat 4



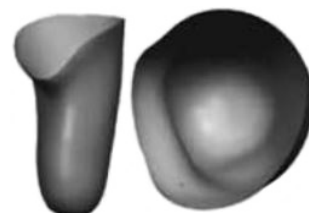
#6: TCNarrowMedLat 5



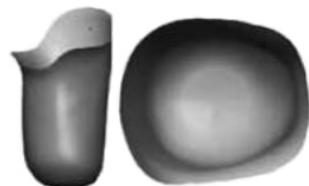
#7: TCNarrowMedLat 6



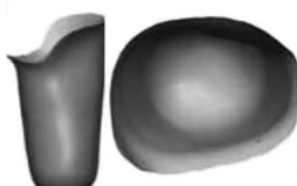
#8: TCNarrowMedLat 7



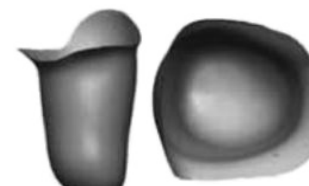
#9: TCNarrowMedLat 8



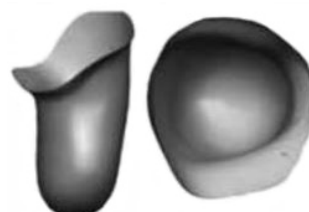
#10: TCQuad 1



#11: TCQuad 2



#12: TCQuad 3



#13: TCQuad 4

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