

Trans-Femoral and Knee Disarticulation Fabrication Order Form

**Please complete the form below. Accurate and careful measurements relate to the fit and function of the device.*

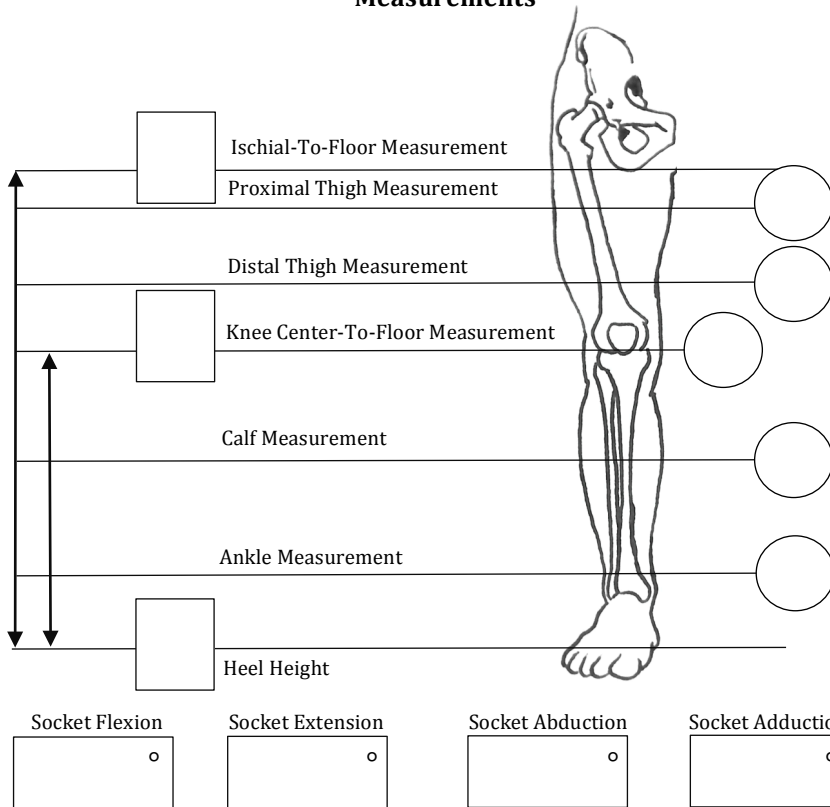
PO# _____

Telephone: 651-457-4595

Fax: 651-457-1120

Bill To: _____ Address: _____ _____ Ship To: _____ Address: _____ _____ Practitioner: _____ Phone: _____ Fax: _____ Patient: _____	Patient Information <input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Female <input type="checkbox"/> Male Weight: _____ Height: _____ Lamination Color: _____ _____ Otto Bock - Kingsley	Template Provided Positive Cast _____ Check Socket _____ Existing Socket _____ Other: _____ _____
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Measurements



Fabrication Instructions

Check Socket				
Rough Trial Socket				
Finish Socket				
Complete Socket Set-Up				
Double Wall/V.A.S.S.				
Exo	Endo			
Knee Joint:				
Valve/Suspension				
Static Alignment				
Alignment Transfer				
Carbon Fiber/Special Fabric				
Liner/Soft Insert				
Material:				
Distal End Pad				
Material:				
Foam Cover				
Single Piece				
Discontinuous				
Soft	Firm	Hose	Skin	Other
Laminated Attachment Sleeve				
Velcro	Screws			
Other:				

Additional Instructions:

NOTE: A 15% up-charge will be added for ordering parts necessary for completion. Please contact us if parts are needed.

Vertical Mobility Solutions LLC

