

AK PROSTHESIS

Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____ K Level _____

PATIENT ID		INTERNAL USE - DO NOT FILL IN PATIENT ID
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Step 1: Device Type

L B R PREPARATORY	L B R DEFINITIVE
Type: <input type="checkbox"/> Static <input type="checkbox"/> Dynamic Gel Liner Type: _____ Thickness: 3mm / 6mm / 9mm	Flexible Liner: <input type="checkbox"/> Pelite <input type="checkbox"/> Polyethylene <input type="checkbox"/> Proflex <input type="checkbox"/> Proflex w/ silicone Gel Liner Type: _____ Thickness: 3mm / 6mm / 9mm

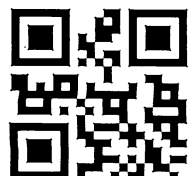
Basic componentry included, but not shown above. Check back of form for material specifications. Plastic/ lay ups selected based on patient weight.

Step 2: Modifications and Additions

Select finish: Carbon Sleeve Flesh Tone: _____ Hydrographics: _____ Other _____

MODIFICATIONS	ALIGNMENT	SUSPENSION	OPTIONS
L B R Ischial Containment	L B R Marked on Cast	L B R Pin System Type: _____	L B R Distal Attachment Type: _____
L B R Quadrilateral	L B R Transfer Existing	L B R Suction/Expulsion Type: _____	L B R Distal End Pad Type: _____ Thickness: _____
L B R Global Increase _____ Ply or _____%	L B R Varus/Valgus: _____* (5* Varus Standard)	L B R Vacuum Assist Type: _____	L B R Window Cutout Location: _____
L B R Global Decrease _____ Ply or _____%	L B R Flexion: _____* (5* Standard)	L B R Lanyard System	L B R Cosmetic Cover
L B R Other: _____	L B R Other: _____	L B R Other: _____	

Step 3: Order Notes and Special Requests (include requested componentry not listed above)



(P) 210-657-8100

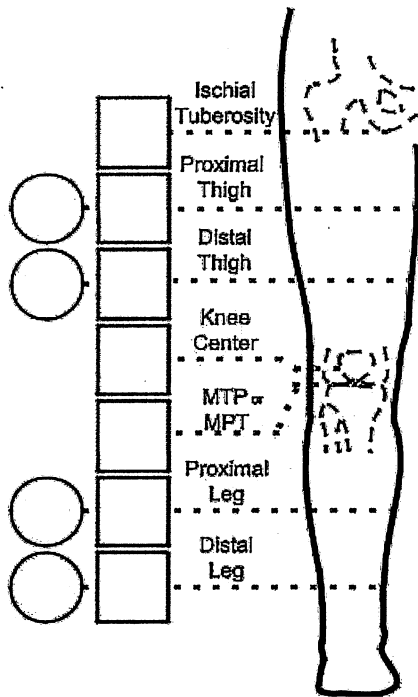
(F) 210-657-8105

RECEIVED DATE	COMPLETED DATE

info@aodcfab.com

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.



Knee Selection/Part #: _____

Foot: _____ Size: _____ cm Heel Height: $\frac{1}{4}$ $\frac{3}{8}$ $\frac{1}{2}$

Material Specifications

Call with questions or for other material options.
 Warranty information available at www.AODCFAB.com

PREPARATORY (Static)

- Vivak PETG

PREPARATORY (Dynamic)

- Thermolyn/ Orfitrans Stiff

DEFINITIVE

- Standard lay up (< 220 lbs) includes: 2 full layers carbon w/ distal reinforcement, 6 layers Nyglass
- Heavy duty lay (>220 lbs) includes: 3 full layers carbon w/ distal reinforcement, 8 layers Nyglass

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS