

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 |
|-------------------|--|---|

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 |

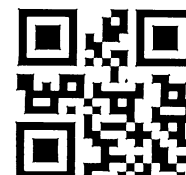
Basic componentry included, but not shown above. Check back of form for material specifications. Plastic/ lay ups selected based on patient weight.

Step 2: Modifications and Additions

Select finish: Carbon Sleeve Flesh Tone: Hydrographics: Other

| MODIFICATIONS | ALIGNMENT | SUSPENSION | OPTIONS |
|---|--|---|--|
| L B R PTB Style (Patellar Tendon Bearing) | L B R Marked on Cast | L B R Pin System Type: _____ | L B R Distal Attachment Type: _____ |
| L B R TSB Style (Total Surface Bearing) | L B R Transfer Existing | L B R Suction/Expulsion Type: _____ | L B R Distal End Pad Type: _____ Thickness: _____ |
| L B R Supracondylar | L B R Varus/Valgus: _____* (5* Varus Standard) | L B R Vacuum Assist Type: _____ | L B R Window Cutout Location: _____ |
| L B R Global Increase Ply or _____% | L B R Flexion: _____* (5* Standard) | L B R Lanyard System | L B R Cosmetic Cover |
| L B R Global Decrease Ply or _____% | 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

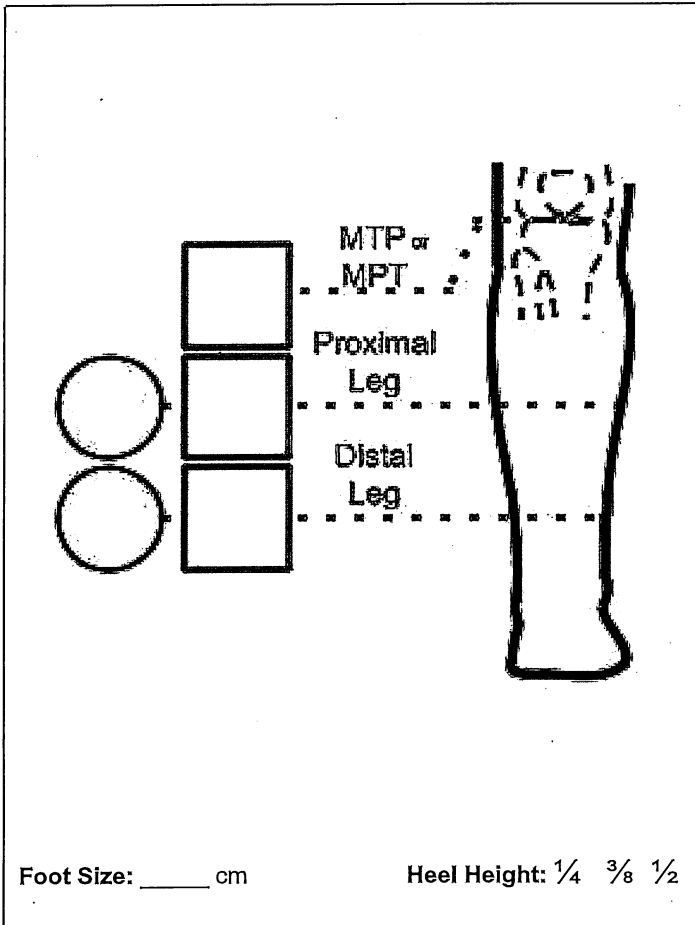
BK PROSTHESIS

Step 4: Measurements

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

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