

Billing and Shipping Information

OneSource Account # :

Contact for ordering or delivery questions

Contact :

Email :

Mobile Phone :

Ship To :

Company :

Address :

City/ State/ Zip :

Contact :

Phone : Fax :

Email :

PO # :

Shipping Check Priority : ☐ Ground ☐ 2nd Day
(shipping calculated separate per order)

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information allows us to provide the highest quality product for you and your patient

Required Patient Information

Patient Initials : Height : ft. in. K-Level : ☐ K1 ☐ K2 ☐ K3 ☐ K4

First and Last Name Initial

Weight : lbs. Impact Level : ☐ High ☐ Med ☐ Low

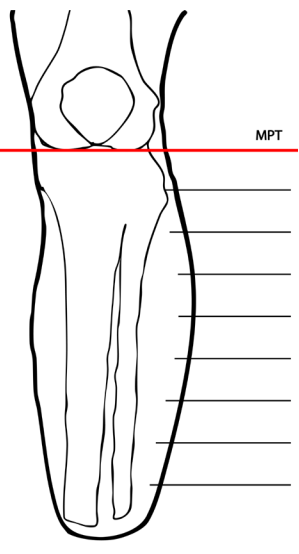
Patient ID # : Amputation Level : ☐ BK ☐ Symes ☐ Left ☐ Right ☐ Bilateral Order

Check Socket Measurements

☐ Call to discuss before design

***Measurements (MTP to Distal End)

Level	Measurement
MTP	<input type="text"/>
- 1 in	<input type="text"/>
- 2 in	<input type="text"/>
- 3 in	<input type="text"/>
- 4 in	<input type="text"/>
- 5 in	<input type="text"/>
- 6 in	<input type="text"/>
ML	<input type="text"/> cm
AP	<input type="text"/> cm



Shape

- ☐ Shape by scan of fiberglass cast
☐ Shape by scan
☐ Shape by sending physical cast

**Material

- ☐ 3DP PETG BK Diagnostic Socket
☐ 3DP CoPoly - Kyron Max BK Diagnostic Socket (CPX)

Socket Styles

☐



Pin Lock

☐



Suction No
Distal Attachment

☐



Coyote Suction Puck
Drop-In

Socket Price Includes installed Suspension Preference

*Modifications

- ☐ Standard BK Pin (3% reduction, 4 mm PTB, Tibial Crest build up, Fib head build up, 2% ML reduction, posterior shelf flare)
☐ Standard BK Suction (3% reduction, 4 mm PTB, Tibial Crest build up, Fib head build up, 2% ML, reduction posterior shelf flare)

Notes :

* If a specific alignment isn't provided, standard alignment is 0° Flexion and 0° Adduction.

** Dynamic Weight limit : 200 lb with Fiberglass reinforcement (3DP PETG). 250 lb with No Reinforcement (3DP CoPoly)

*** Length and circumferences are required. If not provided and socket fit requires remake, customer is responsible for cost of remake.

☐ Cast sent to OneSource Integrated O&P Solutions (optional)