

Customer: _____
(Bill To): _____
Contact: _____
Phone: _____

AK Test Socket by Measurement

Date: _____ Date Required: _____

P.O. Number: _____

Ship To: _____

Ground Next Day Air 2 Day
3 Day Other _____

Patient Name: _____ Sex: _____ Height: _____ Weight: _____ Age: _____

Brim Style

CHECK 'BRIM STYLE' BELOW:

- Comfort Flex
- Ischial Containment
- Geriatric Quadrilateral
- Quadrilateral
- Quadrilateral Modified
- Other _____

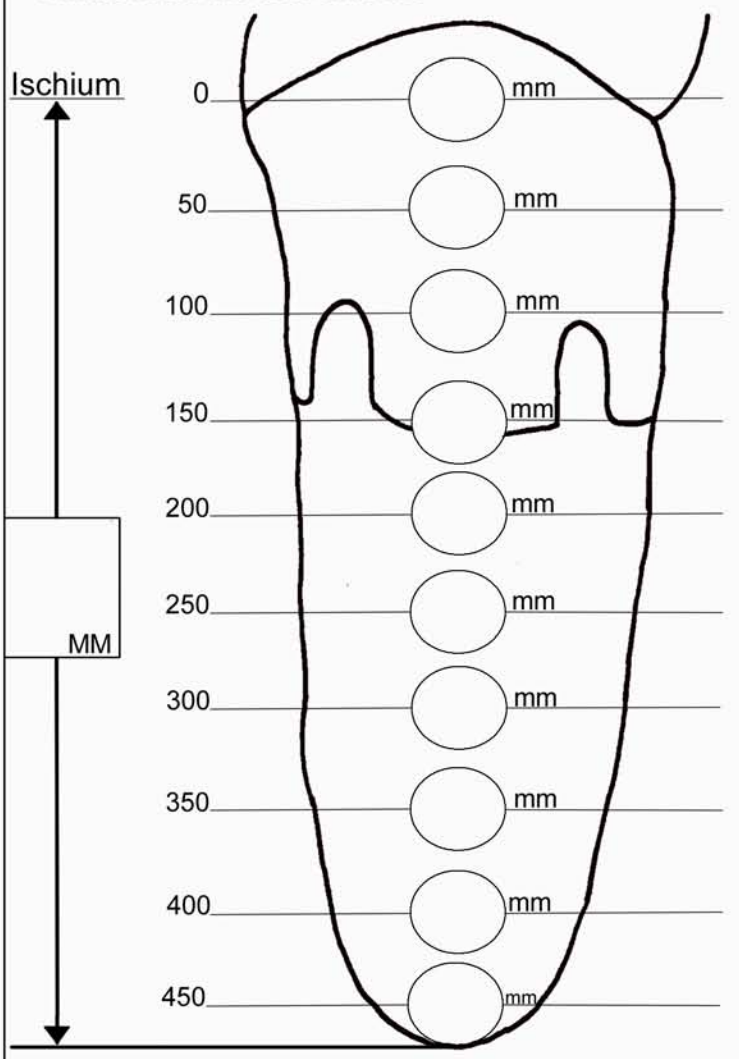
Side _____
Left or **Right**

Spacing _____ Other _____
50 mm(Std) / _____

MEASURE IN MILLIMETERS, PLEASE

Measurements Taken By: _____

Anatomical Measurements



Options

Reduction %

- Carving Only
 - Test Socket Only
 - Test socket & Carving
 - Attachment
 - 4 Hole Plate
 - 3 Prong (M or F)
 - None
- PETG or Orfitrans Stiff

- Dummy
 - Kiss
 - Bulldog
 - 4SN1
- Supply Lock Y or N

- None
- Valve
- Lynn
- Green Dot
- None

Distal End Shape

- Round
- Concial
- Flat