

PINNACLE AK SOCKET

ORDER FORM



PRACTITIONER INFORMATION

Practitioner _____ Branch Name _____
 PO # _____ Date _____ Ship Via _____
 Address _____
 City _____ State _____ Zip Code _____

PATIENT INFORMATION

Patient's Name _____ Date _____
 Age _____ Sex _____ Weight _____ Height _____
 Caucasian Brown Other Previous Prosthesis Worn? Yes No Shade # _____
 (If this is a Replacement Prosthesis, please include measurements from old prosthesis on a separate form.)
 Amputation Cause _____
 Amputation Level _____ Right Left Bi-Lateral
 (For Bi-Lateral, please fill out one form for each side.)
 Activity Level 1 2 3 4
 Is the Prosthesis to be shipped ready for fitting? Yes No Date _____

SELECTIONS

MEASUREMENTS	OPTIONS	BRIM STYLES	DISTAL END SHAPES
Ischium to Distal End _____	<input type="checkbox"/> Test Socket	<input type="checkbox"/> NML	<input type="checkbox"/> Round
Ischium to Floor _____	<input type="checkbox"/> Prep Socket	<input type="checkbox"/> SNML	<input type="checkbox"/> Conical
Knee Center to Floor _____	<input type="checkbox"/> Definitive	<input type="checkbox"/> Aggressive	<input type="checkbox"/> Flat
	<input type="checkbox"/> Transfer and Finish	<input type="checkbox"/> Standard Quad	
		<input type="checkbox"/> Other _____	

SOCKET TYPE	DISTAL ATTACHMENT	FLEXIBLE INNER SOCKET
<input type="checkbox"/> PETG Socket	<input type="checkbox"/> Grace Plate	<input type="checkbox"/> Pelite - Distal Pad
<input type="checkbox"/> Thermolyn	<input type="checkbox"/> Pyramid	<input type="checkbox"/> Polyethelene
<input type="checkbox"/> Polypro	<input type="checkbox"/> Wood Block	<input type="checkbox"/> Proflex
<input type="checkbox"/> Polyester	<input type="checkbox"/> None	<input type="checkbox"/> Proflex w/ Silicone
<input type="checkbox"/> AME - Carbon Braid	<input type="checkbox"/> Other _____	<input type="checkbox"/> Silver Shield
<input type="checkbox"/> Heavy Duty Layup		
<input type="checkbox"/> Fiberglass		
<input type="checkbox"/> Windowframe		

TES Belt Suspension / Shuttle Lock Type _____
 Suction Valve Type _____ Hip Joint Pelvic Silesian Band

COVERINGS

<input type="checkbox"/> Stockings	<input type="checkbox"/> Hair Illusion	<input type="checkbox"/> Removable	<input type="checkbox"/> Calf _____
<input type="checkbox"/> Exposed Toe	<input type="checkbox"/> Skin Color _____	<input type="checkbox"/> 2 Piece Discontinuous	<input type="checkbox"/> Ankle _____

ADDITIONAL NOTES

MEASUREMENTS

