

PINNACLE BK 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

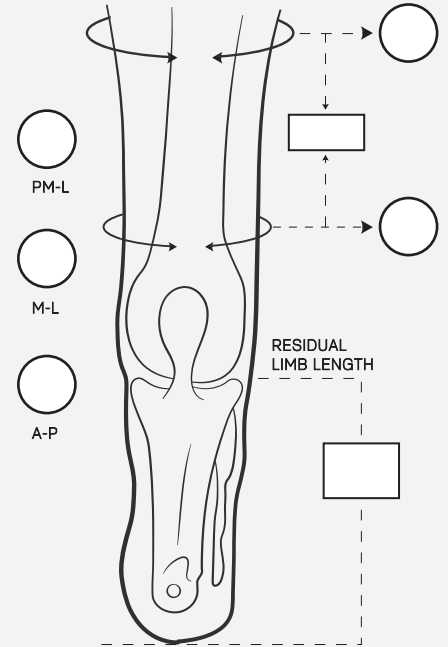
SOCKET TYPE		SUPRA - CONDYLAR	DISTAL ATTACHMENT
<input type="checkbox"/> PETG Socket	<input type="checkbox"/> AME - Carbon Braid	<input type="checkbox"/> Supra - Condylar	<input type="checkbox"/> Grace Plate
<input type="checkbox"/> Thermolyn	<input type="checkbox"/> Heavy Duty Layup	<input type="checkbox"/> Supra - Patellar	<input type="checkbox"/> Pyramid
<input type="checkbox"/> Polypro	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> PTS Wedge	<input type="checkbox"/> Wood Block
<input type="checkbox"/> Polyester	<input type="checkbox"/> Window Frame	Expulsion Valve Type _____	<input type="checkbox"/> None
			<input type="checkbox"/> Other _____

CUFF STRAP	SOFT INNER SOCKET		
Shuttle Lock Type _____	<input type="checkbox"/> Pelite - Distal Pad	<input type="checkbox"/> Trilam Puff Insert	<input type="checkbox"/> Proflex
	<input type="checkbox"/> Nickel Plast	<input type="checkbox"/> Cowhide Insert	<input type="checkbox"/> Proflex w/ Silicone
	<input type="checkbox"/> PPT	<input type="checkbox"/> Pull Tabs w/ Flex Insert	<input type="checkbox"/> Polyethelene

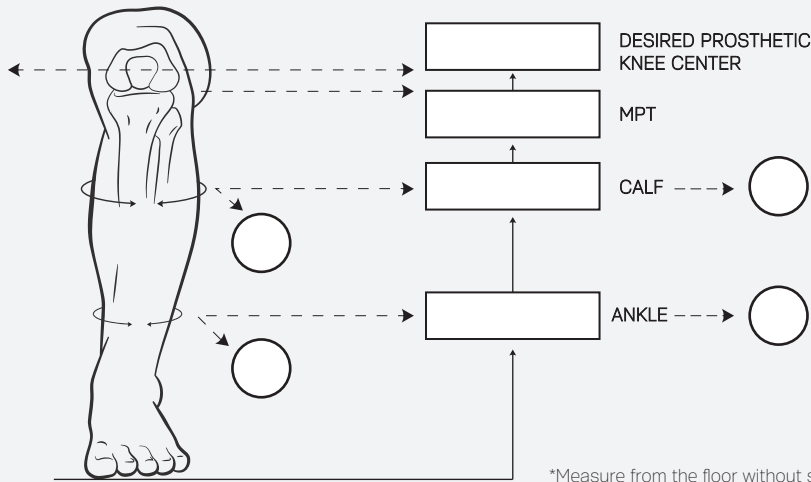
COVERINGS

<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"/> Ankle _____	

MEASUREMENTS



MEASUREMENTS



ADDITIONAL NOTES

Area for additional notes.