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# Definitive Socket Order Form

Date \_\_\_\_\_ Customer Account \_\_\_\_\_  
 Practitioner \_\_\_\_\_ PO# \_\_\_\_\_  
 Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Ship to Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date Needed \_\_\_\_\_ Ship Via \_\_\_\_\_  **\*RUSH**  
Charges Apply

Patient Name: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Age: \_\_\_\_\_  
 Activity Level: \_\_\_\_\_ Amp. Level:  AK  BK  Symes w/door  Symes w/Bladder  Other \_\_\_\_\_ Amp Side: L / R  
 Suspension:  Lock  Valve  Lanyard  Vac.  Other \_\_\_\_\_ Manufacturer \_\_\_\_\_ Part# \_\_\_\_\_

## Modification

Initial Fit Returned for Finish  Yes  No  
 Changes to Mold from Test Socket  Yes  No  
 If Yes, Specify: \_\_\_\_\_  
 Alignment Jig Transfer  Yes  No  
 Alignment Changes  Yes  No  
 If Yes, Specify: \_\_\_\_\_  
 Re-Use Base Plate  Yes  No  New Base Included  
 If No, Specify Base: Mfg \_\_\_\_\_ Part# \_\_\_\_\_

Please fill ALL that apply  
 Any missing information may result in a  
 shipping delay of finished product

"1 Shot" Lamination from Transfer Jig  
 Yes  No

## Socket

Flexible Inner  Yes  No If Yes, Thickness \_\_\_\_\_  
 Proflex-S  Proflex  Polyethylene  Pe-lite  DAW Everflex  
 Distal End Pad  Yes  No If Yes, Thickness \_\_\_\_\_  
 Material  Pe-Lite  Plaztazote  Other \_\_\_\_\_  
 Thermoplastic Socket/Frame  Yes  No  
 If Yes, Material \_\_\_\_\_ Thickness \_\_\_\_\_  
 Laminated Socket Layup Specs \_\_\_\_\_  
 Material:  Carbon  Fiberglass  NSP  CSP  
 Other \_\_\_\_\_  
 PETG Inner  Yes  No  
 Finish  Matte  Gloss  
 Final Lam Art  Yes  No  Provided by Customer  
 Art Item# \_\_\_\_\_  
 Pigment on Final \_\_\_\_\_ O.B.#/Swatch# \_\_\_\_\_  
 Cutouts on Frame  Yes  No  
 Cutout Location \_\_\_\_\_  
 BOA System  Y  N Dial Location \_\_\_\_\_

## Straps-Leather-Misc.

KD or Bk Thigh Cuff  Eyelets  Hooks  Both  
 Thigh Lacer Height \_\_\_\_\_  
 Color \_\_\_\_\_  Cream Cow Liner  
 KD/BK Joints Part# \_\_\_\_\_  
 Transfer Joint Alignment  Yes  No  
 AK Hold Strap  Copper Rivet  Rapid Rivet

Additional Notes  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Cosmetic Covering

BK Foam Cover  Patient Removable  Yes  No Skin Applied  Yes  No  
 Type/Part # \_\_\_\_\_  
 AK Foam Cover  One piece -OR-  2-piece Discontinuous  
 Type/Part # \_\_\_\_\_  
 Cover Circumferences: Ankle \_\_\_\_\_ Calf \_\_\_\_\_ Knee \_\_\_\_\_ Thigh \_\_\_\_\_  
 Cover M-L: Ankle \_\_\_\_\_ Calf \_\_\_\_\_ Knee \_\_\_\_\_ Thigh \_\_\_\_\_  
 Stocking  Yes  No

