



Test Socket Order Form

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Date _____ Customer Account _____
 Practitioner _____
 PO# _____
 Office Phone _____ Cell Phone _____
 Ship to Address _____

 City _____ State _____ Zip _____
 Date Needed _____ Ship Via _____

RUSH (charges apply)

MATERIALS- COMPONENTS

TEST SOCKET: Vivak Orfit-Stiff Other _____

LINER: Pe-lite DAW Other _____
 Distal End Pad Y N Thickness _____ Stove Pipe

VALVE: ESP Manual Manual -OR- Auto
 Other _____ PART# _____

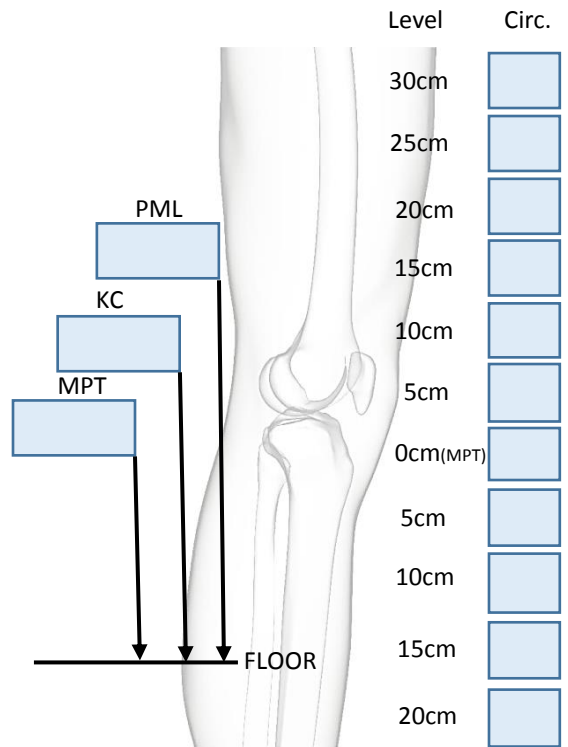
LOCK: Bulldog Fillauer Coyote SPS Other
 Man. _____ Part# _____

BASE PLATE: Man. _____ Part# _____
 Valve/ Base Supplied by Customer

Patient Name: _____
Height: _____ **Weight:** _____
Age: _____ **Activity Level:** _____
Amp. Level: AK BK Symes Other _____
Amp Side: L R

IMPORTANT -MARK ALL BONEY PROMINENCES & LINE OF PROGRESSION ON CAST

Shape by cast Shape by scan



ALIGNMENT

Socket: Flexion Adduction Neutral Other _____
 Degree _____

M-L Foot Alignment: Midline 1/2" Inset Mfg. Specs.
 Other _____ Model# _____

A-P Foot Position: Mfg. Specs. Other _____
 Model # _____

A-P Knee Position: Mfg. Specs. Other _____
 Model # _____

M-L Foot Position: Mfg. Specs. Other _____

AK Long's Line in the M-L Plane: Yes No
 Other _____

MODIFICATIONS

Total Reduction: _____ **Ply:** _____

Additional Mods: _____

BK TSB Socket Mods PTB Socket Mods
 "W" Post-Prox Shelf Flare Post-Prox. Supracondylar

AK(Brim) Ischial Containment Quad Other _____

I.T. TO FLOOR _____ ADDITIONAL NOTES:

