

KNEE DISARTIC APOPPS™

DATE OF ORDER: _____

P.O. Number _____

VISA/MASTERCARD ACCT. # _____

EXP. DATE: _____

NAME AS IT APPEARS ON CARD: _____

INVOICE #: _____

Person Ordering: _____

Phone Number: _____

NEED BY: _____

COMPANY: _____

BILL To: _____

SHIP To: _____

MEASUREMENTS (ALL MEASUREMENTS SHOULD BE TAKEN OVER BANDAGES, SOCKS, ETC.):

SIDE: LEFT _____ RIGHT _____

LENGTH: _____ In. (Cm) ISCHIUUM TO DISTAL END
 _____ In. (Cm) LARGEST PART OF RESIDUUM TO JUST ABOVE CONDYLES,
 _____ In. (Cm) JUST ABOVE CONDYLES TO DISTAL END

CIRCUMFERENCES: _____ In. (Cm) ISCHIAL LEVEL
 _____ In. (Cm) 2" BELOW ISCHIAL LEVEL
 _____ In. (Cm) AT LARGEST PART OF RESIDUUM
 _____ In. (Cm) JUST ABOVE CONDYLES
 _____ In. (Cm) AT CONDYLES

SOCKET AND/OR PACKAGE:

***FLO-TECH-TOR-KD™**

UFOS-KD™

***APOPPS-KD™**

*DOES NOT INCLUDE RETICULATING PAD

L _____
R _____

L _____
R _____

L _____
R _____

L-CODES (ADD ALL OTHER APPROPRIATE CODES FOR ITEMS YOU PROVIDE)

L-5460 OR L-5420 OR L-5585

SYSTEMS OPTIONS: Complete **Ti**/Alum. Knee/Pylon System _____:
 Complete **SS**/Alum. Knee/Pylon System _____:

Includes: Locking Knee, Rotatable 4-hole Connector, SACH Foot Adapter, 30 mm Pylon, AND
 SACH Foot: L ___ R ___ Foot Size: 24 ___ 26 ___ 28 ___ (Required with all foot orders)

COMFORT OPTIONS & COMPONENT ITEM PRICES:

QTY	DESCRIPTION	QTY	DESCRIPTION
_____	Modifications to standard sockets	_____	Each Amputation Sock SIZE: _____
_____	Silesian Bandage w/Auxiliary Strap	_____	4 bolt adapter plate, 4 short, 4 long screws
_____	Neoplush Suspension Band (2-Pc.)	_____	Post-Op Foot - L ___, R ___, SIZE: _____
_____	Per Socket Strap - ALL SIZES _____	_____	Titanium SACH Foot Adapter
_____	Neoplush socket Band	_____	Titanium Rotatable 4-hole Connector
_____	Distal End Pads [1" & 2"] SIZE: _____	_____	Titanium 30 mm Pylon Tube
_____	NEW! MARKETING KIT	_____	SS SACH Foot Adapter
_____	PowerPoint Marketing Presentation	_____	SS Rotatable 4-hole Connector
_____	Marketing Packets (10 Pack)	_____	SS 30 mm Pylon Tube
_____	CONSUMER GUIDE (Each)	_____	Pour & Modify Cast
_____	CONSUMER GUIDES (10 Pack)	_____	CATALOG (One Per Facility)



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