



Patient _____ PO# _____ Diagnosis _____
 Clinic _____ Due Date (Rush Fee May Apply) _____
 Clinician _____ Height _____ Weight _____
 Phone _____ Age _____ Sex _____ K Level _____

| | | |
|-------------------|--|---|
| PATIENT ID | | INTERNAL USE - DO NOT FILL IN PATIENT ID |
|-------------------|--|---|

Step 1: Device Type

| L B R PREPARATORY | L B R DEFINITIVE |
|--|--|
| <p>Type:</p> <p><input type="checkbox"/> Static</p> <p><input type="checkbox"/> Dynamic</p> <p>Gel Liner</p> <p>Type: _____</p> <p>Thickness: 3mm / 6mm / 9mm</p> <div style="text-align: center;"></div> | <p>Flexible Liner:</p> <p><input type="checkbox"/> Pelite</p> <p><input type="checkbox"/> Polyethylene</p> <p><input type="checkbox"/> Proflex</p> <p><input type="checkbox"/> Proflex w/ silicone</p> <p>Gel Liner</p> <p>Type: _____</p> <p>Thickness: 3mm / 6mm / 9mm</p> <div style="text-align: center;"></div> |

Basic componentry included, but not shown above. Check back of form for material specifications. Plastic/ lay ups selected based on patient weight.

Step 2: Modifications and Additions

Select finish: Carbon Sleeve Flesh Tone: _____ Hydrographics: _____ Other _____

| MODIFICATIONS | ALIGNMENT | SUSPENSION | OPTIONS |
|---|--|---|---|
| L B R Ischial Containment | L B R Marked on Cast | L B R Pin System Type: _____ | L B R Distal Attachment Type: _____ |
| L B R Quadrilateral | L B R Transfer Existing | L B R Suction/Expulsion Type: _____ | L B R Distal End Pad Type: _____ |
| L B R Global Increase _____ Ply or _____% | L B R Varus/Valgus: _____* (5* Varus Standard) | L B R Vacuum Assist Type: _____ | Thickness: _____ |
| L B R Global Decrease _____ Ply or _____% | L B R Flexion: _____* (5* Standard) | L B R Lanyard System | L B R Window Cutout Location: _____ |
| L B R Other: _____ | L B R Other: _____ | L B R Other: _____ | L B R Cosmetic Cover |

Step 3: Order Notes and Special Requests (include requested componentry not listed above)



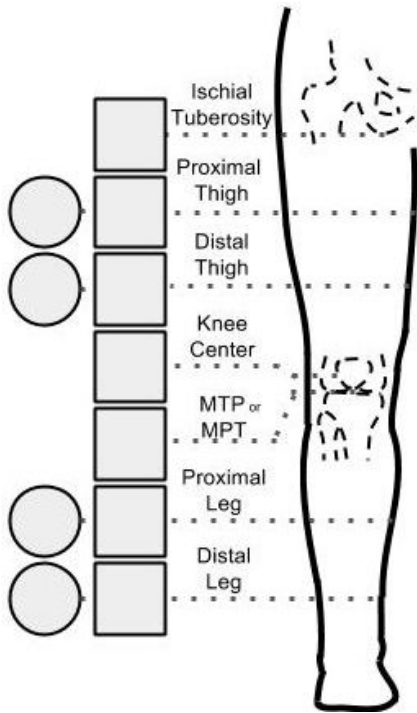
(P) 210-657-8100
(F) 210-657-8105

| | |
|----------------------|-----------------------|
| RECEIVED DATE | COMPLETED DATE |
| | |

www.AODCFAB.com
info@aodcfab.com

Step 4: Measurements

Measurements are not necessary, but will improve the accuracy of the final product.



Knee Selection/Part #: _____

Foot: _____ Size: _____ cm Heel Height: $\frac{1}{4}$ $\frac{3}{8}$ $\frac{1}{2}$

Material Specifications

Call with questions or for other material options.
 Warranty information available at www.AODCFAB.com

PREPARATORY (Static)

- Vivak PETG

PREPARATORY (Dynamic)

- Thermolyn/ Orfitrans Stiff

DEFINITIVE

- Standard lay up (< 220 lbs) includes: 2 full layers carbon w/ distal reinforcement, 6 layers Nyglass
- Heavy duty lay (>220 lbs) includes: 3 full layers carbon w/ distal reinforcement, 8 layers Nyglass

INTERNAL USE - DO NOT WRITE BELOW

CUSTOMER COMMUNICATIONS