

# BK PROSTHESIS

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

<b>PATIENT ID</b>		INTERNAL USE - DO NOT FILL IN PATIENT ID
-------------------	--	---

## Step 1: Device Type

L B R PREPARATORY	L B R DEFINITIVE
<p><b>Type:</b></p> <p><input type="checkbox"/> Static</p> <p><input type="checkbox"/> Dynamic</p> <p><b>Gel Liner</b></p> <p>Type: _____</p> <p>Thickness: 3mm / 6mm / 9mm</p>	<p><b>Flexible Liner:</b></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><b>Gel Liner</b></p> <p>Type: _____</p> <p>Thickness: 3mm / 6mm / 9mm</p>

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 <b>PTB Style</b> (Patellar Tendon Bearing)	L B R <b>Marked on Cast</b>	L B R <b>Pin System</b> Type: _____	L B R <b>Distal Attachment</b> Type: _____
L B R <b>TSB Style</b> (Total Surface Bearing)	L B R <b>Transfer Existing</b>	L B R <b>Suction/Expulsion</b> Type: _____	L B R <b>Distal End Pad</b> Type: _____ Thickness: _____
L B R <b>Supracondylar</b>	L B R <b>Varus/Valgus: _____*</b> (5* Varus Standard)	L B R <b>Vacuum Assist</b> Type: _____	L B R <b>Window Cutout</b> Location: _____
L B R <b>Global Increase</b> ____ Ply or _____%	L B R <b>Flexion: _____*</b> (5* Standard)	L B R <b>Lanyard System</b>	L B R <b>Cosmetic Cover</b>
L B R <b>Global Decrease</b> ____ Ply or _____%	L B R <b>Other: _____</b>	L B R <b>Other: _____</b>	
L B R <b>Other: _____</b>			

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

---



---



---



---



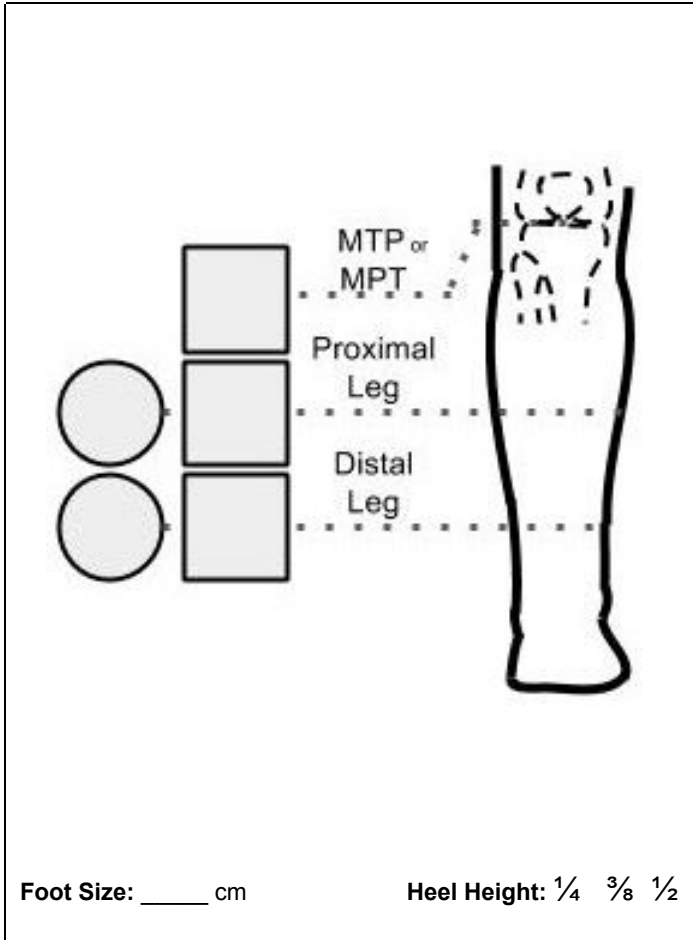
(P) 210-657-8100  
(F) 210-657-8105

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.



## Material Specifications

Call with questions or for other material options.  
Warranty information available at [www.AODCFAB.com](http://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