

BK CHECK SOCKETS

Ohio Willow Wood's Custom Fabrication Department Order Form

Date:	Purchase Order #:	
Contact Name:	Email address:	
Facility:	Account #:	
Shipping To:		
Shipping Address:		
City:	State:	Zip Code:
Phone: ()	Fax: ()	
Patient Name:	<input type="checkbox"/> Right <input type="checkbox"/> Left	

TYPE OF SOCKET: (PLEASE CHECK)

Check Socket: Vivak or Northflex
Lamination: Color: _____
Co-Poly: White or Flesh Tone

ADDITIONAL SERVICES: (CHECK AS NEEDED)

Pelite Liner with Distal Pad
 Components, Locks, Liners, etc...

Cosmetic Cover: Calf Ankle

Other: (please explain)

SHIPPING METHOD: (CHECK ONE)

UPS Ground
 UPS Blue (2nd day)
 UPS Red (next day)

Special Instructions/Comments:



OHIO WILLOW WOOD

free the body...free the spirit®

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