AK BY MEASUREMENT

Ohio Willow Wood's Custom Fabrication Department Order Form

Date: Purchase Order #:

Prosthetist: Email address:

Facility: Account #:

Shipping To:

Shipping Address:

City: State: Zip Code:

Phone: ( ) Fax: ( )

SHIPPING INFORMATION:

DATE NEEDED:

☐ UPS Red ☐ UPS Ground ☐ UPS Blue ☐ Other_____

Special Instructions:_____

PATIENT INFORMATION:

Patient ID: _____

☐ Male ☐ Female Height: _____ Weight: _____ Amputation Side: ☐ Right ☐ Left

Amputation Level: ☐ AK ☐ Knee Disarticulation Amount of Reduction: _____

Measurements taken over liner? ☐ Yes ☐ No What type and style of liner? _____

BASIC SOCKET INFORMATION:

Distal attachment: *(choose one)* Locks are not included in the check socket price. Additional charges for locks will apply.

☐ Alpha Lock ☐ Alpha Lamination Lock ☐ Alpha Locking Lanyard ☐ Suction Pro ☐ G-Lock

☐ Green Dot Valve (for pulling into socket) ☐ Alpha Lock Distal Adapter Only

☐ Alpha Lanyard Distal Adapter Only ☐ Socket Attachment Block with European 4-Hole Pattern

☐ Provision for Bull Dog Locks ☐ LimbLogic VS

☐ No distal attachment ☐ Other distal adapter:_____

Check Socket Material? ☐ Vivak ☐ Northplex ☐ Orfit Stiff

Additional OWW components ordered:_____

Degree of Contracture: Hip Flexion _____°

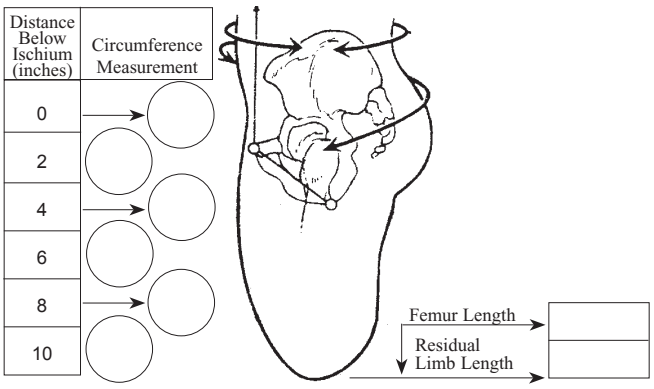
Stump Adduction _____°

Abduction _____°

Brim Shape: _____

Special Instructions: _____

MEASUREMENTS:



OHIO WILLOW WOOD

free the body...free the spirit®

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