

**Socket Order Form**

**Version 3**

**GENERAL** Account # \_\_\_\_\_

Provider Name: \_\_\_\_\_ Billing Point of Contact: \_\_\_\_\_

Facility Name: \_\_\_\_\_ Billing Email: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  Check box if same as shipping

City: \_\_\_\_\_ Billing Address: \_\_\_\_\_

State: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ State: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_ Purchase Order Number (Optional): \_\_\_\_\_

**PATIENT**

Patient First Name: \_\_\_\_\_

Patient Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs

Gender:  Male  Female

Activity Level:  K1  K2  K3  K4

**LEADTIME**

Date needed by: \_\_\_\_\_  2 day: (\$50)

5 day: (\$10)  7-9 days: (Free)

**Scanning**

No Scan (Send Cast to Address in Top Right Corner)

Scanner App

DigiScan3D (LifeEnabled)  3DSizeMe (TechMed)  Other \_\_\_\_\_

Scanned Medium

Plaster Cast  Modified Plaster Positive  Unmodified Plaster Positive  Residual Limb  
 Liner  Stockinette \_\_\_ Ply Over Liner  Existing Socket

**SOCKET DESIGN**

Amputation Side  
 Right  Left  
\*Submit Two Orders for Bilateral Patients\*

Amputation Level  
 AK  BK  AE  BE  
 KD  Symes  Chopart

BK Reference Measurements  
MPT to Distal End \_\_\_\_\_ cm  
Circumferential at MPT \_\_\_\_\_ cm

Device Type  
[ ] Test Socket  
 Copolyester Solid (3D Printed)  
 Copolyester w/ Diamond Cut-Outs (3D Printed)  
 Thermolyn  Vlvak/PETG

[ ] Definitive Socket  
 Carbon Fiber  Paralex  NSP  PolyPro  
 Fiberglass  Copoly  Basalt

[ ] Inner Socket  
 ProFlex  Pelite

BK Trimlines  
Medial \_\_\_\_\_ " Proximal of MPT  
Lateral \_\_\_\_\_ " Proximal of MPT  
Include Distal Third of Patella?  Yes  No

Indicate AK, AE, BE, Symes & Chopart Trimlines Before Scanning

BK Reliefs  
Tibia Crest \_\_\_\_\_ "  
Fibular Head \_\_\_\_\_ "  
PTB Bar \_\_\_\_\_ "  
PTB Pinch \_\_\_\_\_ "  
\*Indicate Landmarks Before Scanning\*

Indicate AK, AE, BE, Symes & Chopart Reliefs In Comments

Cut-Outs  
Indicate Before Scanning

**MODIFICATIONS, ALIGNMENT, AND SUSPENSION**

Modifications  
 None  Global Increase \_\_\_ ply or \_\_\_ %  Global Decrease \_\_\_ ply or \_\_\_ %  
 Increase Length \_\_\_ mm  Other: \_\_\_\_\_  
**\*1 Ply = 1/32 inch\***

Alignment  
 Marked Alignment on Cast or Scan  Transfer Existing (Need Scans)  
 Varus \_\_\_\_\_ degrees  Valgus \_\_\_\_\_ degrees  Flexion \_\_\_\_\_ degrees  
 Extension \_\_\_\_\_ degrees  Other: \_\_\_\_\_

Suspension  
[ ] No Components Needed – No 3D Modeled Cavity  
[ ] 3D Modeled Cavity - Clinic Supplies Components  
[ ] 3D Modeled Cavity – Protosthetics Supplies Components

[ ] Four-Hole  
 4-Hole Adapter

[ ] Lock  
 ST&G Shuttle Lock  Bulldog Shuttle Lock  Bulldog UE Shuttle Lock  ST&G Mag Lock

[ ] Suction  
 ST&G XP Valve  ST&G XP Valve w/ Button  Lyn Valve BK2 w/ Button  
 WillowWood Suction Plate

[ ] Vacuum  
 Ottobock DVS

[ ] Other  
 BOA  RevoFit  KISS System w/ Strap

**Note: Protosthetics may need component or dummy for 3D modeling.**  
**\*Additional costs apply. Parts ordered from Bulldog, SPS, ST&G and other.**

