

# Socket Order Form

Order Date: \_\_\_\_\_ Date Needed: \_\_\_\_\_ PO#: \_\_\_\_\_

## SHIPPING INFORMATION

Facility: \_\_\_\_\_ Practitioner: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## BILLING INFORMATION Same as shipping – leave blank

Facility: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## SHIPPING INSTRUCTIONS

Ground       2-day (additional charges)       Overnight (additional charges)       Local

## PATIENT INFORMATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender:  F  M Weight: \_\_\_\_\_  
Amputation Side:  Right  Left  Bilateral (please complete two order forms)      Activity Level:  K1  K2  K3  K4  
Amputation Level:       AK     BK     Symes     Chopart     KD

## CAST/SCAN INFORMATION

Sent physical model

**Scanning app used:**     DigiScan3D     TechMed     Other: \_\_\_\_\_

**Scanner used:**         Structure     Artec         Other: \_\_\_\_\_

**Scanned medium:**     Plaster Cast     Modified Plaster Positive     Unmodified Plaster Positive     Residual Limb  
                                  Liner             Stockinette over Liner         Existing Socket                     Test Socket

## FABRICATION INSTRUCTIONS

**Device Type:**     TEST Socket ...       3D Printed Solid       3D Printed Diamond     Thermolyn     Vivak  
                         *or*     DEFINITIVE Socket ...     Carbon Fiber       Coyote Composite     NSP             Paralex

**Inner Socket:**     None             ProFlex         Pelite

**Modifications:**     Volumetric Reduction: \_\_\_\_\_       Volumetric Increase: \_\_\_\_\_

**Distal Adapter:**     None – Round bottom     Modeled Cavity – Clinic supplies components  
                                  Modeled Cavity – Protosthetics supplies components  
                                 **Component Being Used:** \_\_\_\_\_ (Bulldog, KISS, 4-Hole Adapter, etc.)

**Alignment:**         Marked on cast/scan     Transfer existing       Bench Alignment  
                                  Flexion \_\_\_\_°             Extension \_\_\_\_°       Adduction \_\_\_\_°       Abduction \_\_\_\_°

Note: Protosthetics cannot guarantee product unless all pertinent information is thoroughly filled out.

**MEASUREMENTS**

**BK Reference Measurements (If Applicable)**

MPT to Distal End: \_\_\_\_\_ Circumferential at MPT: \_\_\_\_\_

**AK Measurements (If Applicable)**

IT to Distal End: \_\_\_\_\_

Tight

4" Above IT: \_\_\_\_\_ cm

8" Below IT: \_\_\_\_\_ cm

2" Above IT: \_\_\_\_\_ cm

10" Below IT: \_\_\_\_\_ cm

At IT: \_\_\_\_\_ cm

12" Below IT: \_\_\_\_\_ cm

2" Below IT: \_\_\_\_\_ cm

14" Below IT: \_\_\_\_\_ cm

4" Below IT: \_\_\_\_\_ cm

16" Below IT: \_\_\_\_\_ cm

6" Below IT: \_\_\_\_\_ cm

18" Below IT: \_\_\_\_\_ cm

Loose

4" Above IT: \_\_\_\_\_ cm

8" Below IT: \_\_\_\_\_ cm

2" Above IT: \_\_\_\_\_ cm

10" Below IT: \_\_\_\_\_ cm

At IT: \_\_\_\_\_ cm

12" Below IT: \_\_\_\_\_ cm

2" Below IT: \_\_\_\_\_ cm

14" Below IT: \_\_\_\_\_ cm

4" Below IT: \_\_\_\_\_ cm

16" Below IT: \_\_\_\_\_ cm

6" Below IT: \_\_\_\_\_ cm

18" Below IT: \_\_\_\_\_ cm

**AK Socket Shape:**     Quad 1     Quad 2     Quad 3     Narrow ML 1     Narrow ML 2  
                                   Narrow ML 3     CATCAM     Semi-Quad

**SPECIAL INSTRUCTIONS**

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