

Cosmetic Cover 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: _____ Height: _____

Activity Level: K1 K2 K3 K4

Diagnosis: _____

FABRICATION INSTRUCTIONS

Scanning app used DigiScan3D TechMed Other: _____

Scanner used: Structure Vorum Other: _____

Cover Type: BK AK BE AE Contralateral C-Leg
 Other: _____

Foot: Foot Shell: _____ Foot Shell Size: _____

Foot Type: Niagara Sidekick Other: _____

Amputation Side: Left Right Bilateral (fill out two order forms)

Design: Solid color Blue Green Orange Red Black Silver White
 Voronoi Style Blue Green Orange Red Black Silver White
 Graphic Lamination; specify NewLimblts pattern: _____

Special Instructions: _____

