

RevoFit Socket Order Form

1437 Parkview Drive, Suite 200, Twin Falls, ID 83301 FAX 208-734-0766 or PH 877-733-0505

Patient and Facility Information

Today's Date: _____ Date Requested: _____ Date Received: _____

Patient Name / ID: _____ PO#: _____

Side: _____ Height: _____ Weight: _____ Age: _____ K-Level: _____

Practitioner: _____ Cell #: _____

Company Name: _____ Phone: _____

Shipping Address: _____

UPS Shipping: Ground _____ 2nd Day _____ Overnight _____ Other _____

Component Information

Flexible Inner: None _____ Keasy Cone _____ Proflex _____ (draped) Pelite _____ Other _____

Socket Attachment: 3-Prong _____ Male Pyramid _____ 4-Hole Plate _____ Other _____

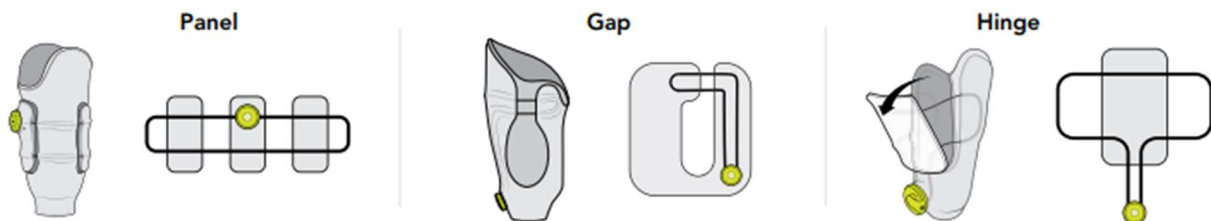
Suspension: Lanyard / Shuttle Lock _____ Type: _____ Chafe / Button Location A/P/M/L

Expulsion Valve _____ Type: _____ Location: _____

Knee Sleeve _____ Type: _____ Suction Valve: Yes _____ No _____

Design	Layup	Finish	Transfer
Single Dial _____	Light _____	Carbon Fiber _____	Bench Alignment _____
Dual Dial _____	Standard _____	Custom Fabric _____	Dynamic Alignment _____
Other _____	Heavy Duty _____	Color _____	(attach hardware)

Please mark shape and size of panels on test socket along with desired dial locations



Additional information, zoom meetings, stl files, send to: michaelj@orthoprotwinfalls.com