



CERTIFIED

Certified Orthopedics, Inc.
 1709 Heath Parkway, Fort Collins, CO 80524
 ph 970-482-7116 • fax 970-498-9529
 www.certifiedortho.com

BK PROSTHESIS ORDER FORM

Page 1

P
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First Name: _____
 Last Name: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____
 Phone #: _____ Fax #: _____

P
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R

Date: _____ P.O.#: _____
 Facility: _____
 Address: _____
 Contact Name: _____
 Ship via: _____
 Requested Date of Delivery: _____

(Please allow for shipping time)

Side: Right _____ Left _____

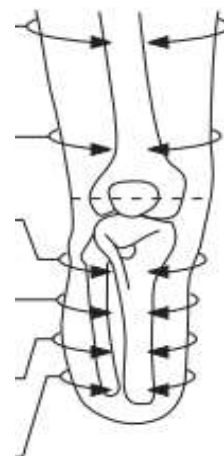
☐ Test socket ☐ Definitive socket

Modifying Instructions

Contracture _____
 Inset/Outset _____
 Global Shrinkage _____
 Other modifications _____

Cir. M/L

4" : _____
 2" : _____
 PTB: _____
 2" : _____
 4" : _____
 6" : _____
 8" : _____

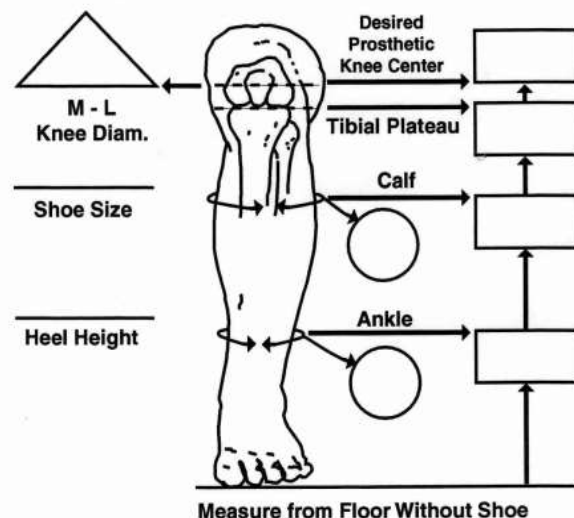


Length of limb: _____

Componentry Selection

Locking device: _____
 Suction valve: _____
 Vacuum System: _____
 Cuff strap: Yes / No Joint and Corset: Yes / No
 Silicone Liner: Yes / No Type: _____
 Pelite Liner: Yes / No Thickness: _____
 Distal Cushion: Yes / No Thickness: _____
 Foot: _____

☐ Off set Pyramid ☐ Adjustable pylon ☐ Slide unit





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BK PROSTHETIC ORDER FORM

PAGE 2

Finishing Instructions

Alignment: ☐ Bench settings ☐ Outset (____°) ☐ Inset (____°)

Lengthen Height: _____ Shorten Height: _____ Finished Height: _____

Color/Pattern: _____

Foam Cover: ☐ Yes ☐ No ☐ Send Separate

Skin: ☐ Glued ☐ On, but not glued ☐ Send Separate ☐ None

Fit Foot in shoe: ☐ Tight ☐ Loose ☐ Medium

Cover Pin Lock Release: ☐ Yes ☐ No

Additional Instructions: _____

Check List (Lab Use Only)

☐ Finished BK Limb, PTB to Floor: _____ In.

☐ Weight of Finished Limb: _____ lbs. _____ oz.

Finished of Limb: ☐ Thermoplastic ☐ Acrylic Laminate

☐ Joint/Corset Finished ☐ Cuff Strap attached ☐ Pe-lite liner finished

☐ Applied Loc-Tite to set screws

☐ Manufacture Torque Settings: _____

☐ Special Featured: _____

Completed By: _____

Date Completed: _____