LIMBOSS INC. PROSTHETIC

3021 THEODORE STREET
UNIT E
JOLIET, IL 60435
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ORDER FORM

(PLEASE CIRCLE ALL THAT APPLY)

BILL / SHIP TO LOCATION

_____
_____
_____
_____

NAME:_____
ORDER DATE:_____/_____/_____
DUE IN OFFICE DATE: _____/_____/_____
APPT. TIME:_____AM _____PM
PO #:_____

MALE FEMALE

AK KD BK SYMES

OTHER:_____

RIGHT LEFT BILATERAL

WEIGHT:_____
HEIGHT: ___'_____" **K-LEVEL:** 1 2 3 4
AGE:_____
PRACTITIONER:_____
PHONE #:_____

CHECK SOCKET (PETG) **PREPARATORY** **DEFINITIVE** **ADJUSTABLE** (REVO FIT) **REPAIR**

*****ALIGNMENT*****

TRANSFER EXISTING BENCH/SETUP
OTHER:_____

*****SUSPENSION*****

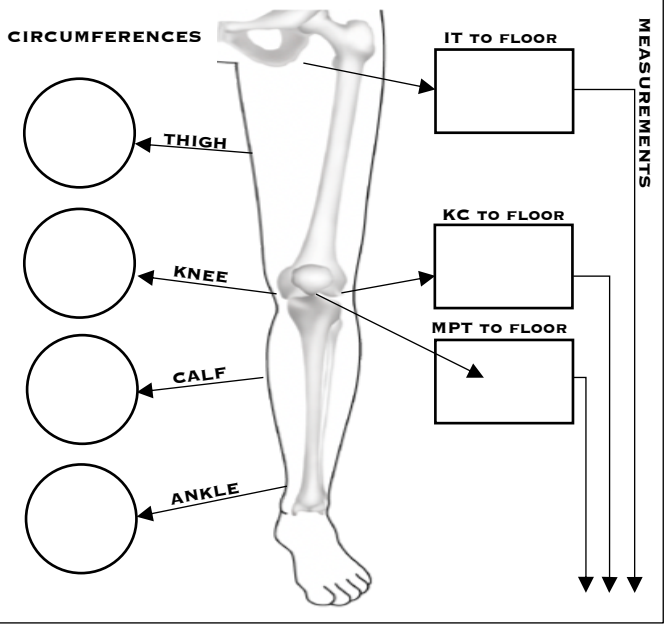
LOCK:_____
SUCTION VALVE:_____
ELEVATED VACUUM:_____ (INNER PETG)
SUPRACONDYLAR:_____
OTHER:_____

*****PIGMENT*****

CAUCASIAN LATINO BROWN 4A
CARBON OTHER:_____

*****OPTIONS*****

INCREASE REDUCE 1 2 3 4 5 6 PLY
DISTAL ATTACHMENT:_____
LINERS:HIGH GRADE FLEXIBLE:_____
KEASY CONE PELITE/BOCKLITE WHITE – BEIGE
DISTAL END PAD ½" PZOTE: Y N
OTHER:_____
WINDOW(S)/DOOR: ANTERIOR POSTERIOR
LATERAL MEDIAL OTHER:_____
ADD OVERLAP LAMINATION: Y N
THERMOPLASTIC: COPOLY POLYPRO
THICKNESS: 3/16 1/4
LAMINATION: STANDARD (CARBON TO WEIGHT SPECIFICATIONS) HEAVY DUTY (EXTRA CARBON)
FINISH: FOAM COVER NYLONS: Y N



*****ADDITIONAL NOTES*****

_____
_____
_____
_____
_____
_____
_____
_____
_____