

## Beställningsedel College Park *Breeze*

CUSTOMER #	P.O.#	DATE
<b>PROSTHETIST INFORMATION</b>		
<b>BILLING</b>		<b>SHIPPING (LEAVE BLANK IF SAME AS BILLING)</b>
FACILITY/ATTN:		FACILITY/ATTN:
ADDRESS		ADDRESS
CITY	STATE/PROV	CITY
COUNTRY	POST	COUNTRY
PHONE	FAX	PHONE
CARRIER* <input type="checkbox"/> UPS <input type="checkbox"/> OTHER		DATE REQUIRED
		TIME
		EMAIL
<b>PATIENT INFORMATION</b>		
PROSTHETIST NAME		REQUISITIONER
PATIENT ID		
NOTES		

**Art.nr. Right:** 761920-1XX

Transtibial  Transfemoral

**Art.nr. Left:** 761920-0XX

Transtibial  Transfemoral

 breeze®



PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	FIRMNESS CATEGORY
<b>BE</b>	<b>L</b>		<b>EN</b>		<b>G 3</b>
<b>BE</b>	<b>R</b>		<b>EN</b>		<b>G 3</b>

Additional Accessories:

Shelltread

Caucasian	C
Tan	T
Brown	B

21-30cm

WEIGHT KG	0-100	101-125
SIZE CM	21-30	26-30
LOW IMPACT	3	3

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