

## Beställningsedel College Park *Celsus*

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	STATE/PROV
COUNTRY	POST	COUNTRY	POST
PHONE	FAX	PHONE	FAX
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:** 761450-1XX

Transtibial  Transfemoral

**Art.nr. Left:** 761450-0XX

Transtibial  Transfemoral

**Styvhet:**  Mjuk (gul)  Medel (röd)  Hård (blå)



**celsus** **M2**

PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	FIRMNESS CATEGORY
CS	L		EN		G
CS	R		EN		G

Additional Accessories:  
 Shelltread

Caucasian	C	21-30cm	1-4
Tan	T		
Brown	B		

WEIGHT KG	0-63	64-81	82-100	101-136
SIZE CM	21-30			25-30
LOW-MODERATE IMPACT	1	2	3	4