

Beställningsedel College Park *Odyssey K2*


CUSTOMER #	P.O.#	DATE	
PROSTHETIST INFORMATION			
BILLING		SHIPPING (LEAVE BLANK IF SAME AS BILLING)	
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	
PATIENT INFORMATION			
PROSTHETIST NAME		REQUISITIONER	
PATIENT ID			
NOTES			

Art.nr. Right: 762900-1XX

Transtibial Transfemoral

Art.nr. Left: 762900-0XX

Transtibial Transfemoral



odyssey[®] K2

PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	FIRMNESS CATEGORY
OK2	L		EN		G
OK2	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 IMPACT	1	2	3	4