

Beställningsedel College Park *Sidekicks*


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. one piece: 766500-000

Transtibial Transfemoral

Art.nr. one pair: 766500-001

Transtibial Transfemoral



sidekicks **M2**

PART ID	QTY	FIRMNESS CATEGORY					
SK	AK	G					
	<table border="1"> <tr> <td>Single</td> <td>1</td> </tr> <tr> <td>Pair</td> <td>2</td> </tr> </table>	Single	1	Pair	2	<table border="1"> <tr> <td>1-3</td> </tr> </table>	1-3
Single	1						
Pair	2						
1-3							
WEIGHT KG	0-54	55-100	101-125				
SIZE CM	ONE SIZE						
LOW IMPACT	1	2	3				

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