

## Beställningsedel College Park *Truper*



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:** 761200-1XX

Transtibial  Transfemoral

**Art.nr. Left:** 761200-0XX

Transtibial  Transfemoral

**PEDIATRIC**

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

Additional Accessories:

- Shelltread
- Exo Block
- Exo Alignment Tool
- Endo Sealing Boot

Caucasian	C	Endo	EN	16-21cm	1-3
Tan	T	Exo	ALX		
Brown	B				

WEIGHT KG	0-22	23-33	34-45	46-60
SIZE CM	16-21			19-21
HIGH IMPACT	1	2	3	3