Beställningssedel College Park *Truper*

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* ☐ UPS ☐ OTHER		DATE REQUIRED	TIME
		EMAIL	

PATIENT INFORMATION

PROSTHETIST NAME	**REQUISITIONER**
PATIENT ID	
NOTES	

Art.nr. Right: 761200-1XX ☐ Transtibial ☐ Transfemoral

Art.nr. Left: 761200-0XX ☐ Transtibial ☐ Transfemoral

truper®

PEDIATRIC

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

Caucasian	C
Tan	T
Brown	B

Endo	EN
Exo	ALX

16-21cm

1-3

Additional Accessories:
- ☐ Shelltread
- ☐ Exo Block
- ☐ Exo Alignment Tool
- ☐ Endo Sealing Boot

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

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