

## Beställningsedel College Park Scout

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
COUNTRY	POST	COUNTRY
PHONE	FAX	PHONE
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: 762800-1XX**
 Transtibial  Transfemoral



**Art.nr. Left: 762800-0XX**
 Transtibial  Transfemoral

cm	13	14	15	16	17	18	19	20	21	22
Size Up Footshell	13/14	14/15	N/A	16/17	17/18	N/A	19/20	20/21	21/22	N/A

**Additional Accessories:**

- |   |  |
|---|--|
| <input type="checkbox"/> Shelltread                             | <input type="checkbox"/> Exo Alignment Tool (16-22cm only) |
| <input type="checkbox"/> Size-Up Footshell (restrictions apply) | <input type="checkbox"/> Endo Sealing Boot (16-22cm only)  |
| <input type="checkbox"/> Exo Block Kit (16-22cm only)*          |  |

*\*required for new prosthesis*

**PEDIATRIC**







PART ID	SIDE	SHELL COLOR	HOUSING COLOR	SIZE	FIRMNESS CATEGORY
SC	L		M		G
SC	R		M		G

Caucasian	C
Tan	T
Brown	B

13-22cm
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1-4
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WEIGHT KG	0-25	26-33	34-45	46-60
SIZE CM	13-15			
LOW-HIGH IMPACT	1	N/A	N/A	N/A
SIZE CM	16-18			
LOW-HIGH IMPACT	1	2	3	N/A
SIZE CM	19-22			
LOW-HIGH IMPACT	1	2	3	4

REQUIRED ADAPTER SELECTION		
<input type="checkbox"/>		Threaded Adapter, SS, Pediatric TA SP
<input type="checkbox"/>		Threaded Receiver, SS, Pediatric TR SP
<input type="checkbox"/>		Threaded Exo Adapter, SS, Pediatric** TXA SP
<input type="checkbox"/>		Threaded Lamination Adapter, Small, SS, Pediatric TLAS SP
<input type="checkbox"/>		Threaded Lamination Adapter, Medium, SS, Pediatric TLAM SP
<input type="checkbox"/>		Threaded Lamination Adapter, Large, SS, Pediatric TLAL SP

*\*\*only for sizes 16 and up.*