

## Beställningsedel College Park Voyager



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:** 762100-1XX


Transtibial  Transfemoral

**Art.nr. Left:** 762100-0XX

Transtibial  Transfemoral

K3/4



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

Caucasian	C
Tan	T
Brown	B
Jet Black	J

21-30cm
1-5

**Additional Accessories:**  
 Shelltread

WEIGHT KG	0-63	64-81	82-100	101-125	126-150
SIZE CM	21-25				
MODERATE-HIGH IMPACT	1	2	3	4	N/A
SIZE CM	26-30				
MODERATE-HIGH IMPACT	1	2	3	4	5

Erimed International  
 Stensättravägen 9A  
 127 39 Skärholmen  
 Tel: 08- 449 56 50,  
[order@erimed.se](mailto:order@erimed.se) [www.erimed.se](http://www.erimed.se)