

Beställningsedel College Park *Orbit*


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. Right: 762150-1XX

Transtibial Transfemoral

Art.nr. Left: 762150-0XX

Transtibial Transfemoral



orbit™ **M3**

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

Additional Accessories:
 Shelltread

Caucasian	C
Tan	T
Brown	B
Jet Black	J

21-30cm

1-6

WEIGHT KG	0-63	64-81	82-100	101-125	126-150
SIZE CM	21-30				
LOW-MODERATE IMPACT	1	2	3	4	5
HIGH IMPACT	2	3	4	5	6

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