

Beställningsedel College Park *Celsus IVT*


CUSTOMER #	P.O.#	DATE
PROSTHETIST INFORMATION		
BILLING		SHIPPING (LEAVE BLANK IF SAME AS BILLING)
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
PATIENT INFORMATION		
PROSTHETIST NAME		REQUISITIONER
PATIENT ID		
NOTES		

Art.nr. Right: 761451-1XX

Transtibial Transfemoral



Art.nr. Left: 761451-0XX

Transtibial Transfemoral



PART ID	SIDE	SHELL COLOR	MOUNTING	SIZE	FIRMNESS CATEGORY
CS IVT	L		EN		D
CS IVT	R		EN		D

+

REQUIRED TUBE KIT SELECTION		
	iVT AK Tube Kit	IVT AK TBK
	iVT BK Tube Kit	IVT BK TBK

Additional Accessories:
 Shelltread

Caucasian	C
Tan	T
Brown	B

21-30cm 1-4

WEIGHT LBS	0-140	141-180	181-220	221-300
SIZE CM	21-30		25-30	
LOW IMPACT	1	2	3	4