

## Beställningsedel College Park *Aviator*


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:** 762120-1XX

Transtibial  Transfemoral

**Art.nr. Left:** 762120-0XX

Transtibial  Transfemoral



**aviator** **K3/4**

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

Additional Accessories:  
 Shelltread

Caucasian	C			21-30cm	1-5
Tan	T				
Brown	B				
Jet Black	J				

WEIGHT LBS	0-140	141-180	181-220	221-275	276-330
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  
 Ellipsvägen 11B  
 141 75 Kungens Kurva  
 Tel: 08- 449 56 50, [order@erimed.se](mailto:order@erimed.se)  
[www.erimed.se](http://www.erimed.se)