

Beställningsedel College Park *Aviator*


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: 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

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