

SiOCX TF Pro 7T451=1

Order form

Contact	<input type="text"/>	Customer number	<input type="text"/>	Date	<input type="text"/>
Customer			Shipping address (if different from customer address)		
Company	<input type="text"/>	Company	<input type="text"/>		
Street	<input type="text"/>	Street	<input type="text"/>		
Postal code/city	<input type="text"/>	Postal code/city	<input type="text"/>		
Email	<input type="text"/>	Phone	<input type="text"/>		
Patient ID	<input type="text"/>	PO#	<input type="text"/>	US Tax ID#	<input type="text"/>

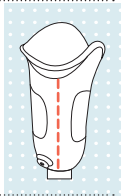
Patient weight: Has the patient had a SiOCX socket before?
 Overall residual limb length: yes no
 Bony residual limb length: Mobility grade: 1 2 3 4
 Affected side: Left Right



Your SiOCX socket system includes the HTV silicone inner socket, a perineum pad, a distal valve installation and the definitive prepreg frame socket.

To order the frame socket, **all** of the following criteria have to be met (please check):

- No residual limb volume fluctuations
- Residual limb is at least 20 cm long



On the socket you are sending in, please mark the course of the axis for the medial and lateral frame bar.

Silicone inner socket

Silicone Gel padding

- Perineum pad
- Additional pads.....

Mark the position and size of the pads on the check socket.

Colour

- OB swatch#
- Other solid colour

Valve*

- 21Y12 (recommended)
- 21Y14
- 21Y21

Finishing

- Anti-stick coating

Thermoplastic check socket options

Adapter*

- 5R2=C 4R89 4R41
- 4R111 4R116 4R119

Prepreg outer socket

Flexible seating tape
(mark the position on the check socket)

Surface design

- Finished carbon design
- Untreated carbon design
- Water transfer finish*

Adapter

- Same adapter position
- Position adapter as close as possible to the distal residual limb end

* Surcharge

Comments: