

SiOCX TF 7T450=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:
 Overall residual limb length:
 Bony residual limb length:

Has the patient had a SiOCX socket before?
 yes no
 Mobility grade: 1 2 3 4
 Affected side: Left Right



Your SiOCX socket system includes the 616T52 Rigid Thermolyn Check socket, the HTV silicone inner socket, a perineum pad, a distal valve installation and the definitive prepreg outer socket.

With check socket (recommended 2-step ordering process) Without check socket for SiOCX follow-up fittings (1-step ordering process)

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: