

SiOCX TR Flex Socket 8T351=1

Order form

Order form					
Contact	Customer number			Date	
Customer			Shipping addre	ess (if different from	m customer address)
Company		Company			
Street		Street			
Postal code/city		Postal code/city			
Email		Phone			
		Pilone			
Patient ID		PO#		US Tax ID#	
Affected side:		Has the patie	nt had a SiOCX	socket before?	
		☐ yes ☐ no			
Note: A well fitting trial prosthesis must be sent ald frame with wrist unit dummy attached in proper alignment of the sent algorithms. Silicone inner socket	gnment and	l length.		well fitting ch	neck socket, fitting
Colour of the inner socket			valve options		•
☐ OB swatch #		 ☐ 12V10 Pull tube and valve for suction socket* ☐ 21Y139=1 Explusion valve* (if not using pull tube) 			
			i Explusion valv	e" (II Hot usiii	g puil tube)
Attachment points ☐ Standard		D: :			
Own specification		Rigid foam shaping Olecranon-wrist measurement:mm			
Electrode		Olecranon-w	nsi measureme	:nt:	
☐ Without ☐ 13E202 ☐ 13E200			Hoigh	it every 3 cm	Sound arm
			Tieigi	it every 5 cm	
Myoelectric contact surfaces - Conductive S	Silicone				
Yes* (only used with 13E200 electrodes)					
☐ No			-		
Prepreg outer socket					
☐ Flexible outer socket areas					
(please mark position and size)					
Surface design					
☐ Finished carbon design		1			
☐ Water transfer finish*		PIN	<u> </u>		
Lycra fabric colour		J\-		*	
Componentry			*	Take first measure	ement starting
☐ Attach lamination ring (wrist unit)				at the wrist	
☐ Enclose					
☐ Complete assembly of all components		C			
(please send all components with order) Silicone surface covering		Comments:			
OB swatch #					
Other solid colour					
Special design					*Surcharge