

# Premier O & P Fab. Limb Prosthesis Order & Measure Form

639 Congress Park Drive, Centerville, Ohio 45459 • Phone: (937) 439-1754 • Toll Free Phone: (888) 538-7322 • Fax: (661) 458-1754

Company Name

Address

Address

City, State, Zip

Phone

Fax

Email

Contact Name

## Amputee Information

Reference

Gender  Male  Female Age  DOB

Height  ft.  in. Weight  Lbs.

Occupation

Side  Left  Right Bi-lateral  Y  N

Activity Level  K1  K2  K3  K4 Residual Limb Length

## Fabrication Information

Name of Prosthetist

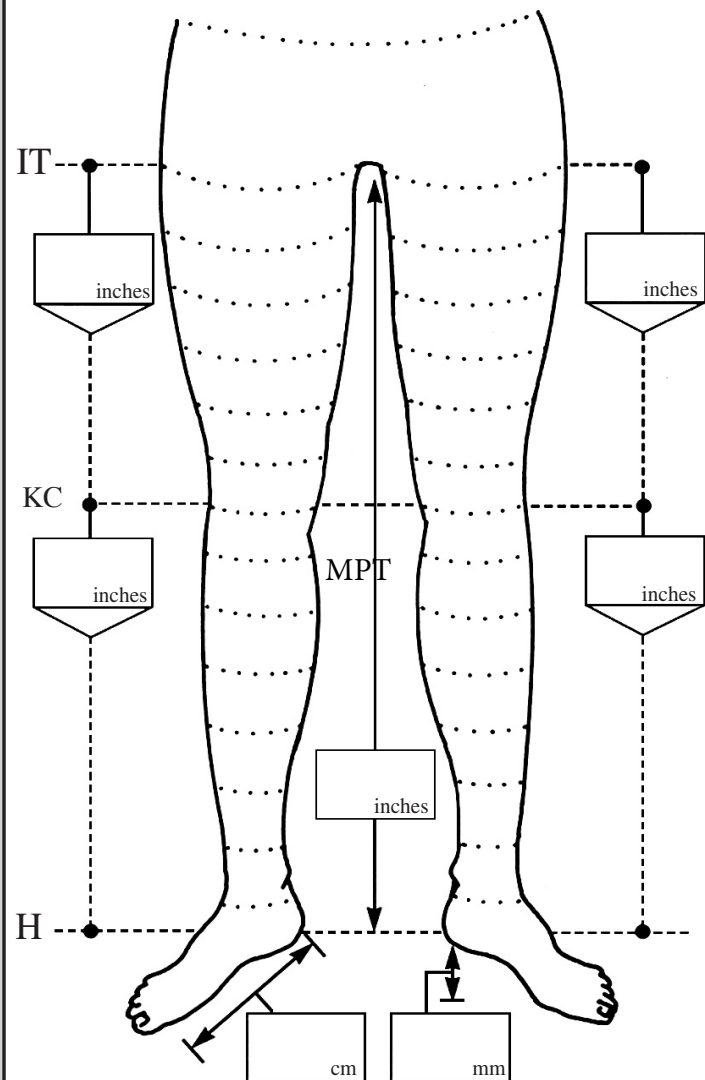
Your PO Number  Date

Reference Number

Date Received

Due Date    Completion Date

## Measurements



## Prescription

Type of Prosthesis:

Socket Type:

Socket Material:

Liner Material:

Knee Lock:

Swing Control:

Ankle Joint / Rubbers:

Foot Type Keel:

Suspension:

Accessories:

Signature of Prescribing Prosthetist

Date

