

SiOCX TF Inner Socket

Order form

Contact		Customer number		Date	
Customer			Shipping address (if different from customer address)		
Company			Company		
Street			Street		
Postal code/city			Postal code/city		
Email			Phone		
Patient ID			PO#		US Tax ID#

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



HTV silicone inner socket TF 7T431=3

SiOCX TF inner socket 7T431=4

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

Silicone Gel padding

- Perineum pad
- Additional pads

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

Valve*

- 21Y12 (recommended) 21Y14 21Y21

Finishing

- Anti-stick coating

Thermoplastic check socket options

Adapter*

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

Colour

- OB swatch #.....
- Other solid colour

Please mark the following on the well-fitting check socket:

- Desired trimlines
- Position & size of gel pads
- Position of fixations between inner & outer socket (recommended 4 lateral, 3 medial)
- Position of valve

* Surcharge

Comments:

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