



# ORDER FORM

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Date:
Cust. No.:
P.O. No.:

To avoid shipping delays, please complete every section

**B** Name: \_\_\_\_\_  
**I** Address: \_\_\_\_\_  
**L** City: \_\_\_\_\_  
**L** State/Zip Code: \_\_\_\_\_  
**T** Phone: ( ) \_\_\_\_\_  
**O** Fax: ( ) \_\_\_\_\_

**S** Name: \_\_\_\_\_  
**H** Address: \_\_\_\_\_  
**I** City: \_\_\_\_\_  
**P** State/Zip Code: \_\_\_\_\_  
**T** Phone: ( ) \_\_\_\_\_  
**O** Fax: ( ) \_\_\_\_\_

Patient Info. 1	Prosthetist Name/Title: _____			Requisitioner: _____		
	Patient: First _____ Last _____				<input type="checkbox"/> Male <input type="checkbox"/> Female	
	D.O.B. mm / dd / yr	Height: ft in	Weight: lbs or kgs	Impact Level: 1 2 3 (1=low 2=moderate 3=high)		
	Shell Color: <input type="checkbox"/> Caucasian <input type="checkbox"/> Brown <input type="checkbox"/> Jet-Black (limited)	Shell Width: <input type="checkbox"/> Narrow <input type="checkbox"/> Wide (wide available 24-30 cm, Accent 23-26 cm)		Amputation Level: (AK, BK, Hip, Knee, Symes)		

Foot Selection 2	Foot	Left	Right	Ankle Type	
	<input type="checkbox"/> Truststep	_____ cm	_____ cm	<input type="checkbox"/> Endo	<input type="checkbox"/> Exo ALX
	<input type="checkbox"/> Venture	_____ cm	_____ cm	<input type="checkbox"/> Endo	<input type="checkbox"/> Exo ALX
	<input type="checkbox"/> Truper	_____ cm	_____ cm	<input type="checkbox"/> Endo	<input type="checkbox"/> Exo ALX
	<input type="checkbox"/> Accent	_____ cm	_____ cm	<input type="checkbox"/> Endo	<input type="checkbox"/> Dynamic Pylon
	<input type="checkbox"/> Onyx	_____ cm	_____ cm	Dynamic Pylon Only	
	<input type="checkbox"/> Tribute	_____ cm	_____ cm	Endo Only	
	<input type="checkbox"/> Soleus	_____ cm	_____ cm	4-Hole Adapter (not included) Housing Color Options: <input type="checkbox"/> Gold <input type="checkbox"/> Silver	
<input type="checkbox"/> _____	_____ cm	_____ cm			

Mounting Adapters 3	Endo Pyramid	Exo ALX	Dynamic Pylon
	Truststep, Venture, Truper, Tribute, Accent	Truststep, Venture, Truper	Accent, Onyx
<input type="checkbox"/> Optional Sealing Boot (Truststep, Truper, Venture, Tribute Only)	<input type="checkbox"/> Exo Block Kit <input type="checkbox"/> Exo Pyramid Tool	<input type="checkbox"/> Female Pylon Adapter <input type="checkbox"/> Male Pylon Adapter <input type="checkbox"/> 4-Hole Pylon Adapter	Limb Clearance ( <b>required</b> ) _____ cm or in (end of socket to floor or end of knee unit to floor)
			Knee Type (if AK) _____

Additional Info: \_\_\_\_\_

Shipping 4	Carrier: UPS or Other _____	Date Required: _____	Time Required: _____ AM / PM
	Note: A Return Authorization is required for anything returned to College Park Industries, Inc.		