

BOSTON Check Socket ORDER FORM

Date: _____ Due Date: _____ Contact: _____
 Ship To: _____ Account: _____ E-mail: _____
 Address: _____ PO#: _____ Phone: _____
 City: _____ State: _____ Zip: _____ Ship Via: _____ Fax: _____

PATIENT INFORMATION

Patient Name: _____
 Age: _____ Sex: _____ Ht: _____ Wt: _____
 Diagnosis: _____

Cast Measurements Existing Mold
 Scan, name: _____

SOCKET DESIGN

Side: Left Right Bilateral
 Device Type: Transfemoral Transtibial
 Other: _____
 Description: _____

Over skin Over liner Thickness: _____

Material

Build description

- Opcheck, 16x16, 15 mm, std
 Opcheck, 12x12, 12 mm
 Opcheck, 12x12, 15 mm
 Other: _____

Pull type

- Drape
 Blister

Alignment

Suction: Yes No

Valve: esp KISS Other: _____

Lock: Cascade Coyote SPS w/SS pin guide
 Fillauer Other: _____

Pin length: 1" 1 1/2" 2" Full Pin required

Side: Medial Lateral

Lanyard OWW Other: _____

Please identify any parts to be ordered by Boston Brace:

Vendor:

Part #:

Vendor:

Part #:

BK Alignment

Socket flexion degrees:

Adduction degrees:

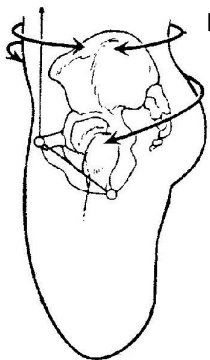
Refer to mold

AK's long line in M-L plane

Yes No

Brim style:

Physical Measurements



Distance below ischium (mm)

0

50

100

150

Other Circumferences

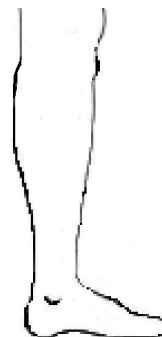
Distance below knee center (mm)

0

50

100

150



MPT to floor:

MPT to distal end:

KC to floor:

KC to distal end:

I.T. to floor:

I.T. to distal end:

If by measurement, % reduction?

Notes