ottobock.

SiOCX TR Socket 8T350=1

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#

Affected side:

☐ Left ☐ Right

Has the patient had a SiOCX socket before?

☐ yes ☐ no

Note: A well fitting trial prosthesis must be sent along with this order form, this includes: a well fitting check socket, fitting frame with wrist unit dummy attached in proper alignment and length.

Silicone inner socket

Colour of the inner socket

☐ OB swatch #.....

☐ Other solid colour .....

Attachment points

☐ Standard

☐ Own specification .....

Electrode

☐ Without ☐ 13E202 ☐ 13E200

Myoelectric contact surfaces - Conductive Silicone

☐ Yes* (only used with 13E200 electrodes)

☐ No

Prepreg outer socket

Surface design

☐ Finished carbon design

☐ Water transfer finish*

☐ Lycra fabric colour .....

Componentry

☐ Attach lamination ring (wrist unit)

☐ Enclose

☐ Complete assembly of all components (please send all components with order)

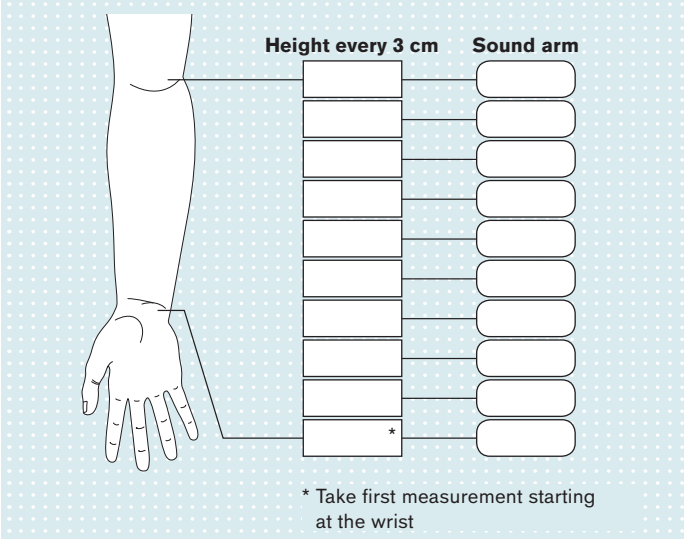
Pull tube or valve options

☐ 12V10 Pull tube and valve for suction socket*

☐ 21Y139=1 Explusion valve* (if not using pull tube)

Rigid foam shaping

Olecranon-wrist measurement:..... mm



*Surcharge

Comments: .....

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