

Hanover Prosthetic Fabrication
 219 Hillsborough Rd. Unit A
 Carrboro, NC 27510
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 hanoverprofab.com
 contact@hanoverprofab.com



BK Definitive Order Form

Hanover Acct# _____ Date : _____

Company: _____ Ship to: _____

Ordering Practitioner: _____
 Email: _____ Contact Phone : _____

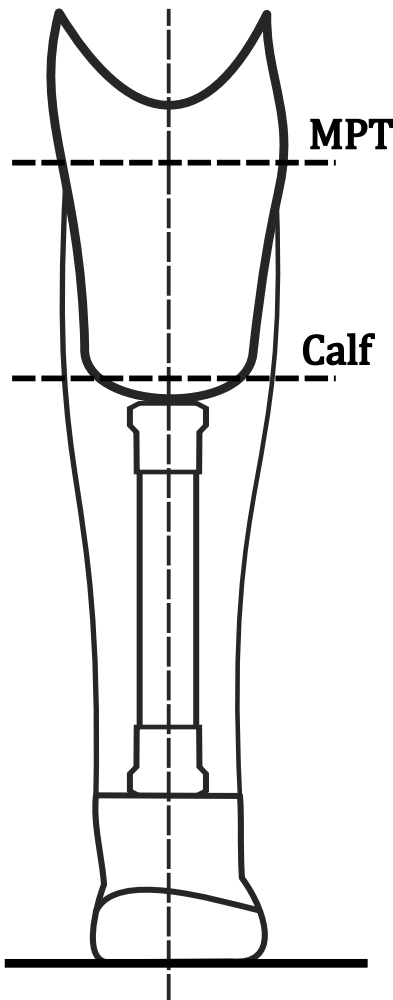
Patient last name or other I.D. : _____

PO # _____

Side : Left Right Patient Weight : _____ K-Level : _____

<input type="checkbox"/> Transfer Alignment
<input type="checkbox"/> Modify Alignment (detail in notes)
Sock ply used at fitting _____ ply
Reduction _____ ply
Expansion if tight _____ ply

Socket Fabrication	
Inner: <input type="checkbox"/> Pelite <input type="checkbox"/> MPE <input type="checkbox"/> Other _____	Lamination Finish: <input type="checkbox"/> Carbon <input type="checkbox"/> Pigment _____ PRS # _____ Other <input type="checkbox"/> Artwork - (detail in notes)



Cover: (need foot to fully shape)
 Calf Circ. _____ mm

MPT to floor: _____ In.

<input type="checkbox"/> Foot not available (socket replacement) cover option-partial shape MPT to top of footshell req'd _____ In.

- Use shuttle lock or valve from test socket
- Add distal mounting plate (4 hole Std.) - Other _____
- Shuttle lock (Fillauer 125232MM Std.) - Other _____
- Standard BK expulsion valve - Other _____

Indicate specific areas to modify on test socket and note

Notes: _____

