

Hanover Prosthetic Fabrication
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 Carrboro, NC 27510
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BK Test Socket Order Form - From Customer CAD

Hanover Acct# _____ Date : _____

Company: _____ Ship to: _____

Ordering Practitioner: _____
 Email: _____ Contact Phone : _____

Patient last name or other I.D. : _____

PO # _____

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

**Add Customer Modified .stl Cad File
 Submit online - hanoverprofab.com**

Patient limb history:

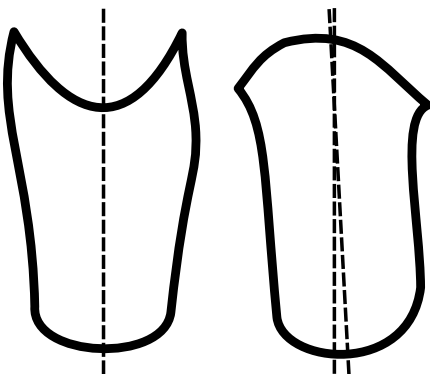
- New Amputee
- 2nd Socket
- Long Term

Liner Fitted _____

Test Socket Material:

- PETG-Std.
- Other _____

Mounting Plate Alignment



M/L Neutral - Std. 5-7 deg. Flexion - Std.
 Other _____ deg. Other _____ deg.

Intended Foot _____

Options:

- Add distal mounting plate (4 hole Std.) - Other _____

- Standard BK expulsion valve - Other _____

- Shuttle lock (Fillauer 125232MM Std.) - Other _____

Notes: _____

