

Hanover Prosthetic Fabrication
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 Carrboro, NC 27510
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 hanoverprofab.com
 contact@hanoverprofab.com



BK Test Socket Order Form - From Cast

Hanover Acct# _____ Date : _____

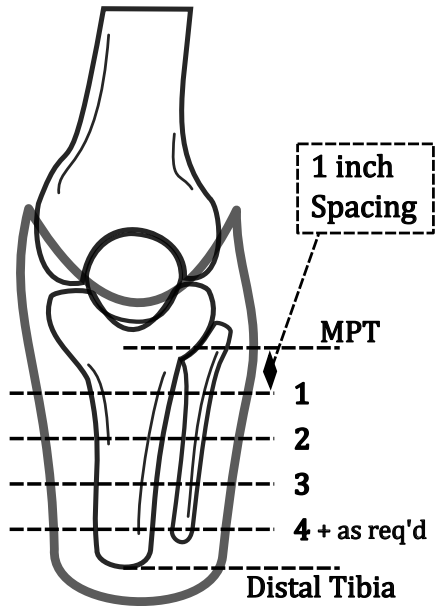
Company: _____ Ship to: _____

Ordering Practioner: _____
 Email: _____ Contact Phone : _____

Patient last name or other I.D. : _____

PO # _____

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



1	_____	mm
2	_____	mm
3	_____	mm
4	_____	mm
5	_____	mm
6	_____	mm
MPT to Distal Tibia		in.
MPT to Floor		in.

Patient limb history:

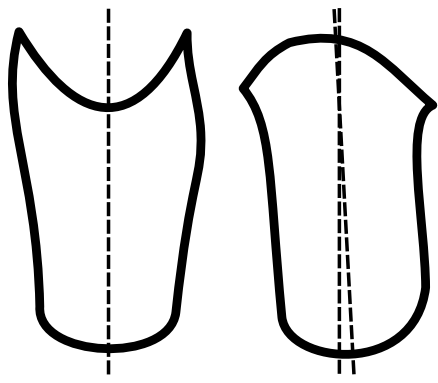
- New Amputee
- 2nd Socket
- Long Term

Liner Fitted _____

Test Socket Material:

- PETG-Std.
- Other _____

Mounting Plate Alignment



M/L Nuetral - 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: _____

