

PO # \_\_\_\_\_ Patient Ref. # \_\_\_\_\_ Date: \_\_\_\_\_

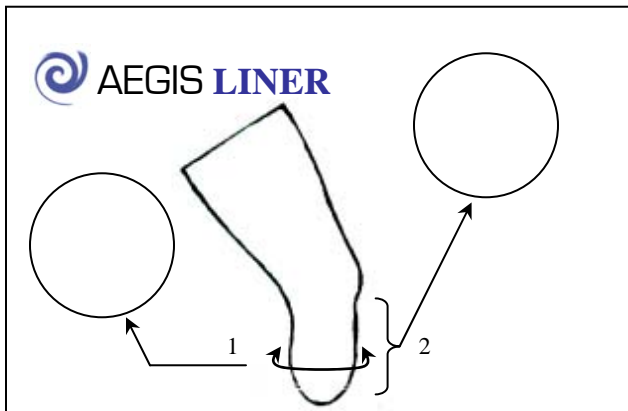
### Ship To:

Company Name \_\_\_\_\_  
 Prosthetist Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

### Bill To: *(If different than shipping address)*

Company Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**Shipping:**    Next Day     2<sup>nd</sup> Day     3<sup>rd</sup> Day     Ground

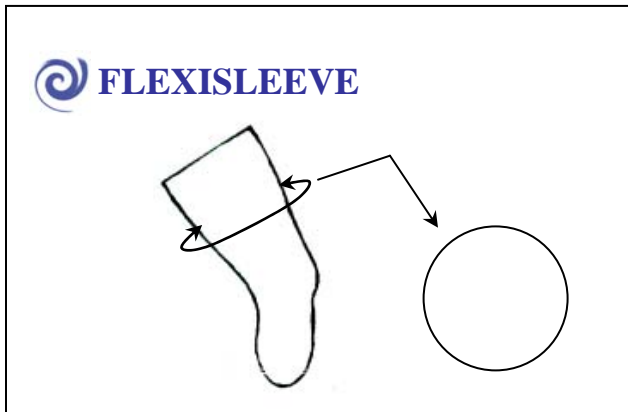


#### To Determine Sizing Provide the Following Measurement

- 1) Limb circumference 2" proximal of distal end.
- 2) Limb length from MPT to distal end.

**AEGIS Liner** (circle one):

STREAMLINE LINER	w/ cover	w/o cover
ULTIMATE LINER	(avail. with cover only)	



#### To Determine Sizing Provide the Following Measurement

Circumference measurement 5" proximal of the Patella.

**Flexisleeve Colors** (circle one):

- Tan
- Black
- Chocolate Brown

**LYN VALVE BK** (circle one):

**LYN VALVE BK** (circle one):

LYN Valve BK      LYN Valve BK2 (push button)

