WillowWood® Custom Solutions Order Form

WillowWood One Transfemoral System with LimbLogic® Definitive Socket

VVIIIOVV VVOOG OTT	e Halistelliolal Systelli v	VICII LI	iniblogic Dennitive Socket	
GENERAL				
Date		P.O. number		
Prosthetist name		Purchased From Cascade SPS		
Email address			WillowWood Other	
Facility		Ac	ccount number	
Ship to				
Shipping address				
City		St	State ZIP Code	
Phone		Preferred Contact Method		
Scheduled Patient Fit Date	9			
PATIENT INFORMATION	ON			
Patient ID:				
Amputation side Right Left		Please place LimbLogic Pump		
			Serial Number label here	
-				
			If a replacement socket, please record	
Items sent with Socket:			LimbLogic pump serial number	
SOCKET INFORMATION		ıdes fabri	rication of positive model, trim, and finish.	
Is this a replacement Willo	owWood One socket?		np Placement: A P M L	
** Indicate Distal Adapter fo	or use in Definitive Socket:	Valve	e Placement: A P M L	
* Dietal mount applications requi	re the included LimbLogic distal adapter be	Lowe	ver Socket to Adapter?	
used for definitive socket. For side	e mount applications, the distal adapter used n definitive socket unless directed otherwise.	-		
NOTE: Changing Distal A	dapter will incur additional charges.		Alignment Button: Exposed Covered	
	ate the alignment lines nal planes) on the socket.	Colo	or of Lamination:	
	should be the final modified version which was the shift to the shift		namic alignment, and with a distal	
			C: (Store in original box with Patient ID)	
Knee Assembly	One Seal	Pump	Charger	
Alpha® Liner	One Gel Sock	Fob		
SHIPPING METHOD (CHECK ONE) Methods	other tha	an Ground are subject to additional charges.	
FedEx Ground	FedEx Priority Overr	night	Please retain a copy for your records. Download a writable PDF at willowwoodco.com	
FedEx Express 2-day	/ A.M Other		in the Custom Fabrication section.	
For order processing, please ship completed order form and items to the nearest loacation:			Willow Wood*	
			wwwwwvuu	

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