

WillowWood® Custom Solutions Order Form

WillowWood One® TRANSTIBIAL System Definitive Socket

GENERAL

Date _____ P.O. number _____

Prosthetist name _____ Purchased From ☐ Cascade ☐ SPS

Email address _____ ☐ WillowWood ☐ Other _____

Facility _____ Account number _____

Ship to _____

Shipping address _____

City _____ State _____ ZIP Code _____

Phone _____ Preferred Contact Method _____

Scheduled Patient Fit Date _____

PATIENT INFORMATION

Patient ID _____ Amputation side ☐ Right ☐ Left

Special instructions _____

SOCKET INFORMATION (PLEASE CHECK)

Includes fabrication of positive model, trim, and finish.

Is this a replacement socket? ☐ Yes ☐ No Color of Lamination _____

Items sent with Socket _____

Lower Socket to Adapter? ☐ Yes ☐ No

Suspension Type:
(check one)

☐ Vacuum

☐ Suction

Please place LimbLogic® Pump
Serial Number label here
(found in LimbLogic box)

*If a replacement socket, please record
LimbLogic pump serial number*

*Distal mount
applications require
the included
LimbLogic distal
adapter be used for
definitive socket.*

* Distal Adapter (Select One):

☐ Indicate WillowWood Distal Adapter for use
in Definitive Socket:

☐ Use Distal Adapter included with Test Socket.
Please list with "Items sent with socket" in above section.

Be sure to indicate the alignment lines (sagittal and coronal planes) on the socket.

* The diagnostic socket should be the final modified version, in dynamic alignment, and with a distal adapter attached. WillowWood does not have the ability to modify sockets upon receipt.

DO NOT SEND ANY OF THE FOLLOWING TO WILLOWWOOD: (Store in original box with Patient ID)

Alpha Duo® Liner One Gel Sock One Sleeve Pump Fob Charger

SHIPPING METHOD (CHECK ONE)

Methods other than Ground are subject to additional charges.

☐ FedEx Ground ☐ FedEx Priority Overnight

☐ FedEx Express 2-day A.M. ☐ Other _____

*Please retain a copy for your records.
Download a writable PDF at willowwoodco.com
in the Custom Fabrication section.*

WillowWood®

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