

# AK CAD Order Form



518-872-0374  
 Fax 518-872-7107  
 160 Witter Road Altamont, NY 12009

Company Name: _____ Company Address: _____ Phone: _____ Clinician: _____	Shipping Address: _____ _____ _____ P.O.# _____ Date Due: _____
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Patient Name: \_\_\_\_\_  
 Male or Female    Lt Rt Blat    Caucasian or Negroid (Other: \_\_\_\_\_)    Endo or Exo    K1 K2 K3 K4  
 Height: \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ Occupation: \_\_\_\_\_

- AK Carving Only
- AK Carving with Check Socket
- Install Distal Attachment  
     Type \_\_\_\_\_
- Install Valve  
     Type \_\_\_\_\_
- Install Lock  
     Type \_\_\_\_\_

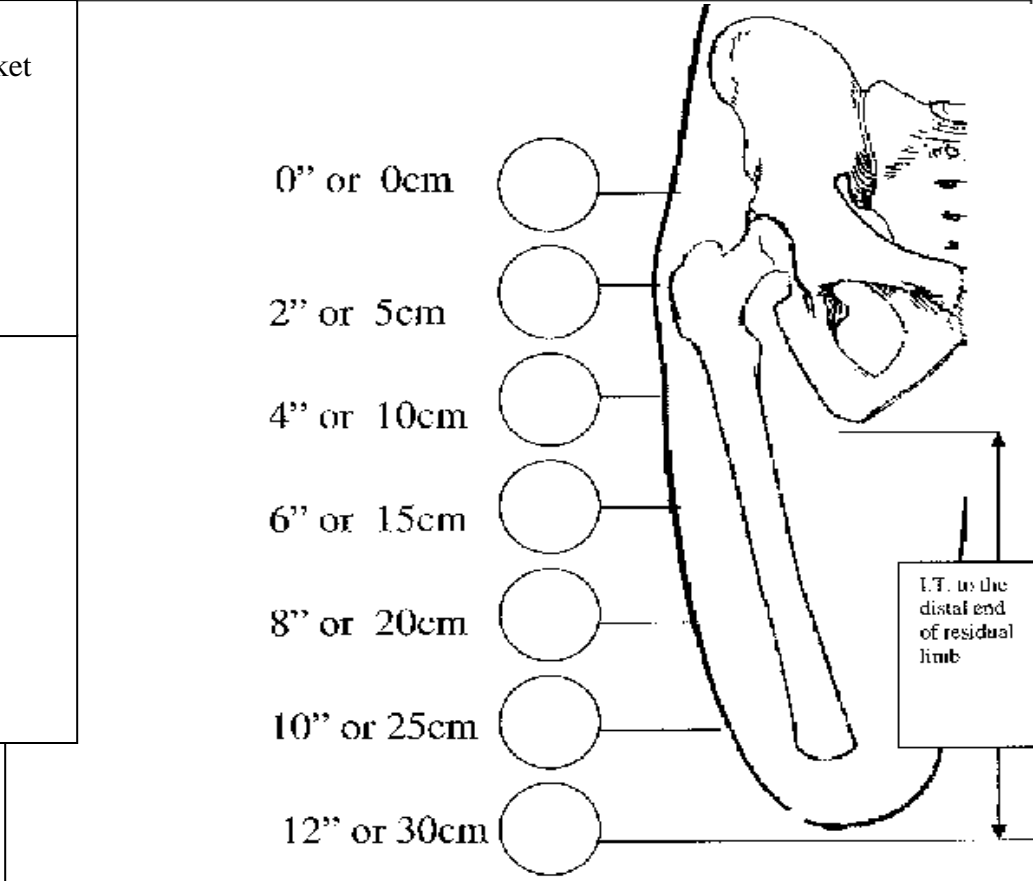
- BRIM STYLE**
- Ischial Containment
  - Feminine IC
  - Cat Cam
  - Hard Quad
  - Soft Quad
  - Med Quad
  - Hybrid
  - Narrow ML
  - Knee Disartic Hybrid

**REDUCE / INCREASE**  
 1%    2%    3%    4%

**ADDITION**  
 \_\_\_\_\_ cm to length

**MAKE TO MEASUREMENT**  
 \_\_\_\_\_ yes

**ALIGNMENT**  
 Flexion \_\_\_\_\_  
 Abduction \_\_\_\_\_  
 Adduction \_\_\_\_\_



**Special Instructions**

\_\_\_\_\_

\_\_\_\_\_

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