



CJ Socket AK Test Socket by Measurement

Date: _____ Date Required: _____ P.O. Number: _____

Ship CJ Sail to: **Friddle's** or **Customer's Address**

Ship To Address: _____

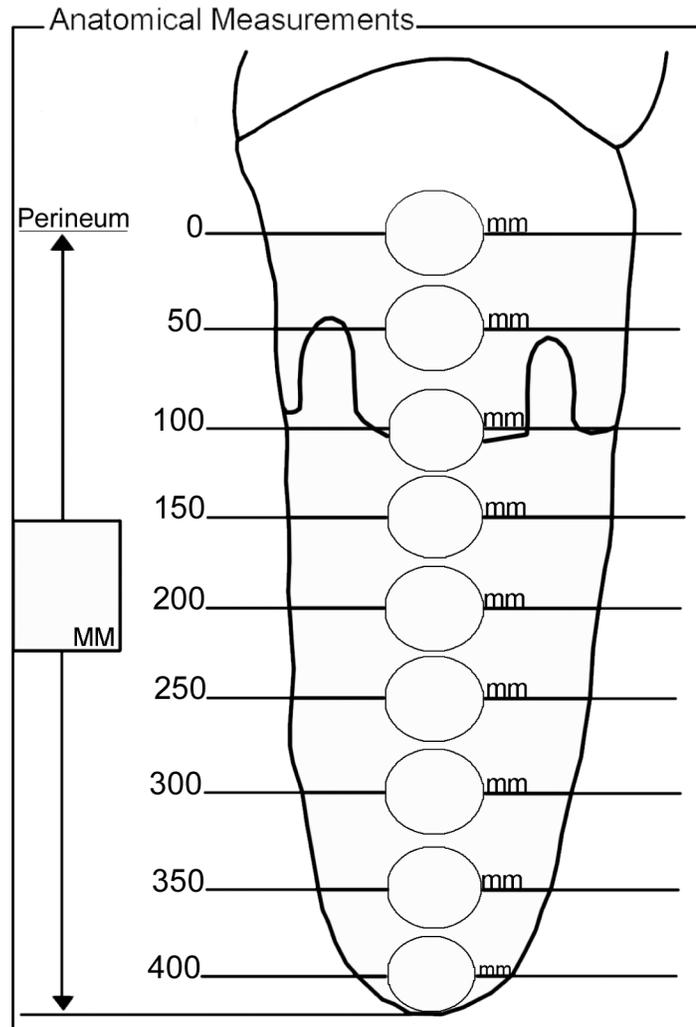
Shipping Method: **GROUND** **NEXT DAY AIR** **2 DAY** **3 DAY**

Customer Name: _____	Patient Name: _____
(Bill to): _____	Sex: _____
BILL TO: Cascade Orthopedic Supply 2638 Aztec Drive • Chico, CA 95928	Height: _____
Contact: _____	Weight: _____
Phone: _____	Age: _____ K Level: 1 2 3 4

MEASURE IN MILLIMETERS, PLEASE

Measurements Taken By: _____

Measurements taken with patient **SITTING** or **STANDING**



SOCKET OPTIONS

spacing _____ other _____ Side _____
50 mm(Std) / _____ **LEFT or RIGHT**

Reduction % _____

<input type="checkbox"/> Round	<input type="checkbox"/> Conical	<input type="checkbox"/> Flat
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- Carving Only
- Test Socket Only
- Test Socket & Carving
PETG or Orfitrans Stiff
- Dummy
 - Kiss } Supply Lock
 - Bulldog } Y or N
 - 4SN1 }
- None
- Attachment
 - 4 Hole Plate
 - 3 Prong (M or F)
- None

