

Patient's Name: _____ N°File : _____
 Applicator : _____ N°apparatus: _____
 Society/Establishment : _____
 Order date : _____ Test : _____ Delivery: _____
 Age: _____ Weight: _____ Activity: Weak Medium Strong Side: L R

Type of structure:

- Full device Tieback device
 Posterior mono upright device and flaps texalium
 Full device with external mono upright and flexible cuish

Option	Knee Joint		Ankle Joint	
	Height : _____ mm		Height : _____ mm	
Slipper PP	Intern		Intern	
Carbon Slipper	Extern		Extern	
Anterior foot orthoses	Free		Free	
Posterior foot orthoses	Polycentrique		With abutment	
Other :	HOFA Lock		With spring	
	Designation :		Trunnion	
	Supplier :		Designation :	
	Ref :		Ref :	
Other :		Other :		

Color	Varnish	Stuffing
Carbon/Carbon	Bright	Podocolor 2mm
Texalium	Blue	Leather
Carbon/Blue	Red	Other :
Carbon/Grey	Green	
	Gold	
	Silver	

Other information:

