

Patient's Name:

N° File:

Applicator :

N° apparatus :

Society/Establishment :

Order Date:

Test :

Delivery :

Age:

Weight:

Activity:  Weak  Medium  Strong

Side:  L  R

### DECLINAISON DES PIECES

Socket		Fixing		Finishing touch		Montage	
<input type="checkbox"/>	Carbon	<input type="checkbox"/>	Valve	<input type="checkbox"/>	Carbone	<input type="checkbox"/>	Valgum
<input type="checkbox"/>	Armature avec fut souple	<input type="checkbox"/>	Schuttle lock	<input type="checkbox"/>	Chair	<input type="checkbox"/>	Varum
<input type="checkbox"/>	Temporary			<u>Other:</u>			
<input type="checkbox"/>	Trial						
<input type="checkbox"/>	Tube Glued						
<input type="checkbox"/>	Exo						
<input type="checkbox"/>	Device alignment						

Foot		Tube		Liner		Fixed prothesis	
		<input type="checkbox"/>	Alu			Fabric:	
		<input type="checkbox"/>	Carbon			Waterproof :	

Aesthetic Measure	Ø Calf : _____	Ø Ankle : _____
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### Other information:

