

Alpha DESIGN® BK Liners Order Form

Phone: 800.848.4930

Please complete this form and include one copy with cast of residual limb only. Missing information may delay your order. Please fill out form accurately and with care. Credit will not be issued due to order forms completed with inaccurate information or incomplete forms.

Do NOT cast over a liner. For bilateral amputees, please complete separate forms for each residual limb. Please see reverse for important guidelines.

Please have a DESIGN Technician contact me before making this liner. Yes No

1. Ship To/Bill To Information:

Account No. _____

P.O. No. _____

Date _____

Ship To:

Bill To: (if different than shipping address)

Name _____

Name _____

Address _____

Address _____

City/State/Zip _____

City/State/Zip _____

Phone No. _____ Fax No. _____

Phone No. _____ Fax No. _____

Prosthetist _____

Shipping Options (Lead times: classic gel cushion liners-3 days, classic gel locking liners-4 days, & all hybrid gel liners-5 to 7 days of verification of this completed form)

UPS Red UPS Blue UPS Ground

Other _____

2. Patient Information:

a. Amputation Side: Left Right

b. Limb Length (MPT to Distal): _____

c. Circumference of limb at 16" above distal end (or highest point obtainable): _____

d. Patient ID _____

Please make sure to write the patient ID on the cast.

YES, I'd like to view and assist in the design of this custom liner with an online webinar session.

3. Liner Information:

a. Quantity of DESIGN Liners: 1 2 More _____

b. Liner Type: Cushion Locking

c. Outer Fabric Cover (select one only):
 Original Spirit MAX Select (Do not pre-stretch)

d. Outer Fabric Color (select one only):
 Buff
 Green/Gray (Original & Spirit only)
 Brown (Original & Spirit only)
 Gray (Select only)

e. Gel Type: Classic Hybrid

f. Liner Umbrella Size:
 Standard (medium through extra large plus sizes; recommended for most liners)
 Small (small through medium plus wide sizes)

g. Pre-Stretch Liner: Yes No

4. DESIGN Liner Type:

Standard Symes

5. Casting Marks:

The following marks must be indicated on the cast:

- Fibula Head
- Distal Fibula
- Distal Tibia
- Patella
- MPT

- Missing marks may result in incorrect gel thicknesses and/or delay the order.
- Please see back page for examples of how to mark the cast for desired gel thickness and other information.

6. Notes: _____

Please note: A cancellation fee of \$75 will be charged for Alpha DESIGN Liner orders cancelled after order forms, casts, and/or shape files have been received and processed.

WillowWood™

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Alpha is a registered trademark of The Ohio Willow Wood Company.
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PN-1773-L 20 FEB 2012

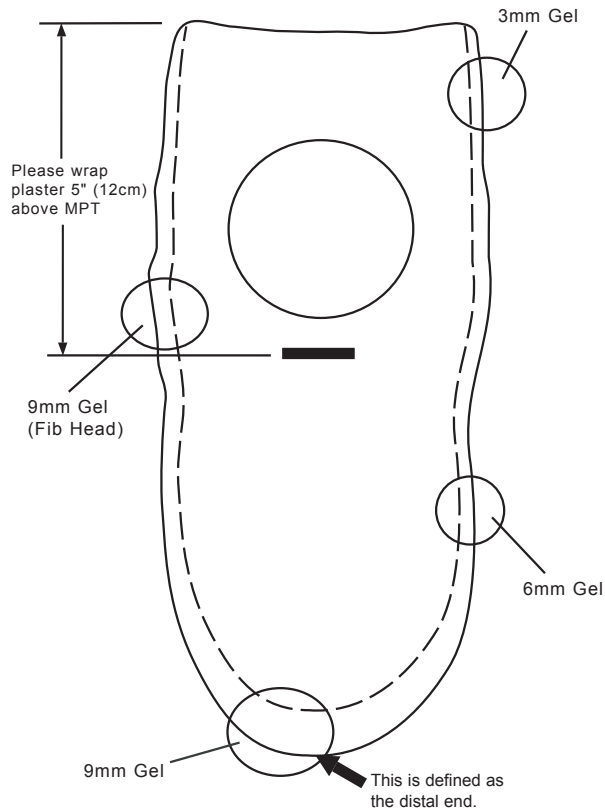
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Important Casting & Marking Guidelines

This form will allow you to order an Alpha DESIGN Liner with custom gel modifications for either a "Standard" shaped BK limb or for a "Symes" shaped BK limb. Below are diagrams that explain what the custom gel profile of each type will be. For greater control over the gel design ask WillowWood about the OMEGA® Scanner and the Alpha DESIGN Liner wizard.

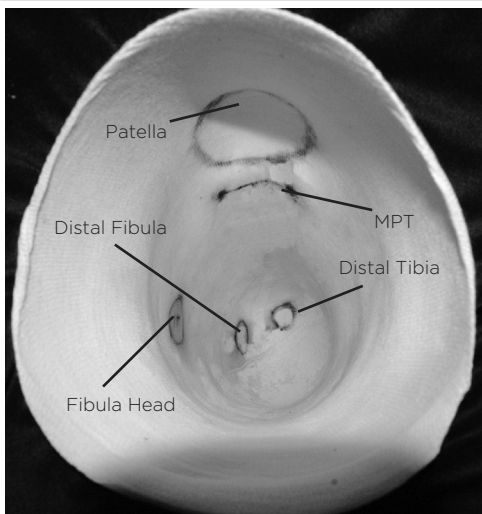
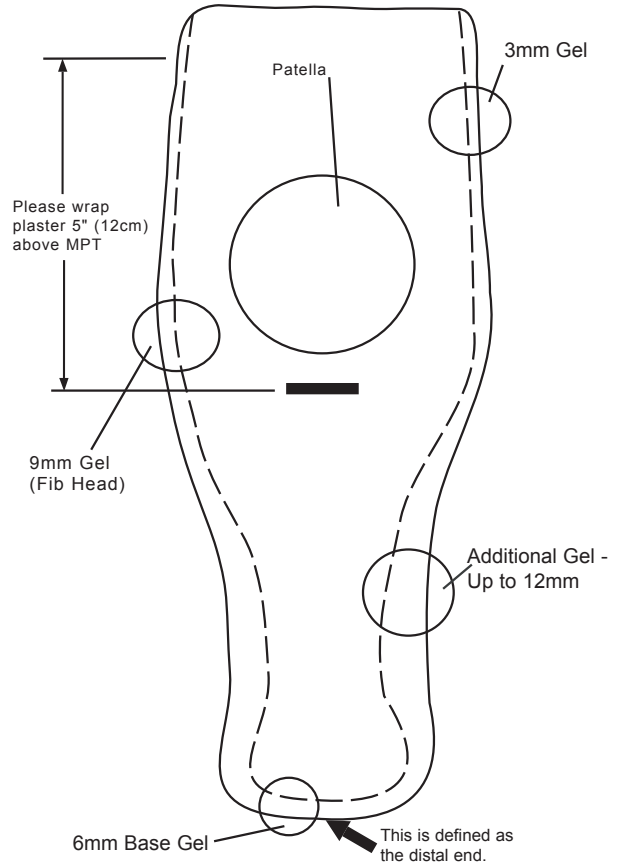
For a BK Alpha DESIGN liner from a cast the gel profile will be:

- *6mm base gel thickness
- *9mm distal gel thickness over the distal fibula and tibia
- *3mm of gel proximally above the socket
- *3mm posteriorly behind the patella
- *9mm of gel over the fibula head



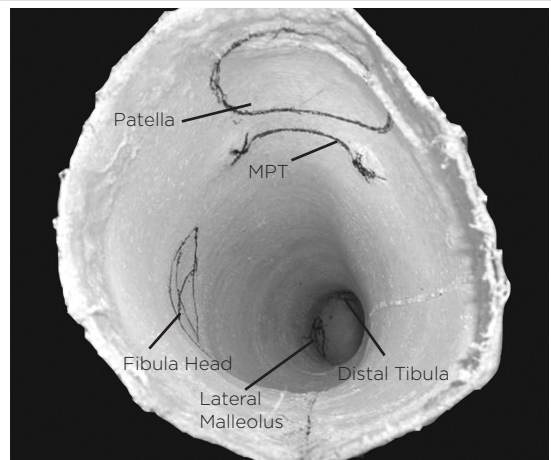
For a Symes BK Alpha DESIGN liner from a cast the gel profile will be:

- *6mm base gel thickness
- *3mm of gel proximally above the socket
- *3mm posteriorly behind the patella
- *Up to 12mm of gel to fill the necking area above the malleolus. This area will be filled to create a more cylindrical shaped limb.
- *9mm of gel over fibula head



Proximal View

See the examples for the marks that must be indicated on the cast. Missing marks may result in no additional gel at the location and may delay the order.



Please Note:

- For bilateral amputees, please use separate forms for each residual limb for best socket/liner accuracy.
- When casting, please cast patient at least 4" to 5" above the knee.
- Please make sure to include the patient ID on the cast.