

# Obsidian Sprint Blade Order Form



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info@fillauer.com

\_\_\_\_\_  
Company

\_\_\_\_\_  
Account No.

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Practitioner

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

\_\_\_\_\_  
Purchase Order

## Patient Information

\_\_\_\_\_  
Patient ID

\_\_\_\_\_  
Amputation Level

\_\_\_\_\_  
Age

\_\_\_\_\_  
Height

\_\_\_\_\_  
Weight Without Prosthesis

\_\_\_\_\_  
Side

## Experience

\_\_\_\_\_  
What blade is patient currently using?

\_\_\_\_\_  
Event

\_\_\_\_\_  
Number of years using a blade

## Additional Instructions

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Office Use Only

\_\_\_\_\_  
Selection Number

