

CUSTOMER # **P.O.#** **DATE**

PROSTHETIST INFORMATION

BILLING

FACILITY/ATTN: _____

ADDRESS _____

CITY _____ STATE/ZIP _____

PHONE _____ FAX _____

CARRIER* UPS OTHER

*ORDERS SHIP UPS GROUND ON THE FOLLOWING DAY UNLESS SPECIFIED.

SHIPPING (LEAVE BLANK IF SAME AS BILLING)

FACILITY/ATTN: _____

ADDRESS _____

CITY _____ STATE/ZIP _____

PHONE _____ FAX _____

DATE REQUIRED _____ TIME _____

EMAIL _____

PATIENT INFORMATION

PROSTHETIST NAME **REQUISITIONER**

PATIENT ID / NAME



GUARDIAN KNEE PART NUMBER

GFKA 120

Includes Guardian Knee and External Lock Kit.

QTY

ADDITIONAL PARTS

PART NUMBER	DESCRIPTION	QTY
CP KELK	Knee External Lock Kit	
CP LK	Lanyard Kit	
CP HK 4	Hex Key, 4mm	

NOTES