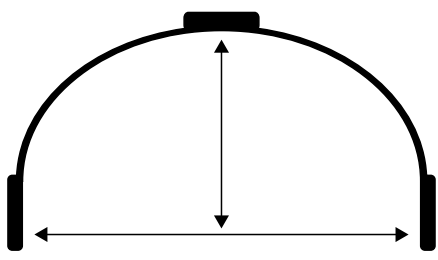


ORDER FORM

FAX +49 81 06 36 63-31

1-D/2-D/3-D WELDED HIP JOINT

Commission			
Date of Birth			
Diagnosis			
Weight	kg		
Height	cm		
Hip joint to the buttocks distance in millimetres (including padding)			
Hip joint to hip joint distance in millimetres (including padding)			

Company		Date	
Tel.:		Fax:	
Contact person:			

Contractures or special explanatory notes

Stamp and signature



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