Obsidian Sprint Blade Order Form



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Company	Practitioner
Account No.	Phone
Address Line 1	Email
Address Line 2	Purchase Order
City, State, Zip	

Patient Information

Patient ID

Amputation Level

Age

Height | in. | cm

Weight Without Prosthesis | lbs. | kg

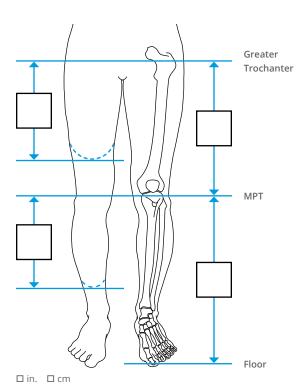
Experience

Side

What foot is patient currently using?

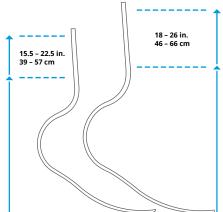
Sprint or Distance?

Years using a blade



Additional Instructions Mounting Heights

Heights shown are for medium and large sizes.



Office Use Only

Selection Number WF172/06-25-19/03-11-21