



Genco Group

FUZION® WHO

Date _____

PATIENT INFO (PHI)	Last Name / ID _____ First Name _____		Remarks
	Gender _____		
	Male _____	Age _____ Height _____ Weight _____	
	Female _____		
Diagnosis _____			

SHIPPING INFORMATION	Practitioner _____ Phone/Fax _____		Shipping Company _____ Service _____
	Facility _____ PO Number _____		UPS _____ Ground _____
	Ship to Address _____		FedEx _____ 2 Day Air _____
	City _____ State _____ Zip _____		Other: _____ Overnight _____
Bill to Address _____		Need by _____	
City _____ State _____ Zip _____		City _____ State _____ Zip _____	

Shape Acquisition Via: **Cast** **Scan** Affected Side: **Left** **Right** **Bilateral**

Dorsal Opening **Bivalved Opening**

Inner Plastic

- FIRM-Heat Adjustable Default
- Proflex Additional Charge
- Co-Polymer
- Poly Pro

Outer Foam Skin Color

- Black White
- Additional Padding. Instructions:

Straps

- Per Picture Default
- Dacron Reinforced Straps
- Additional Charge

Strap Color

- White Default
- Color:

Inner Liner Color

Transfer: _____

