

# Obsidian Sprint Blade Order Form

*Fillauer*®

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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

Height

Amputation Level

Weight Without Prosthesis

Age

Side

## Experience

What blade is patient currently using?

Event

Number of years using a blade

## Additional Instructions

## Office Use Only

Selection Number

