



NEW FABRIC!

Custom Made Liner With Fabric

Order Form

SHIP TO		INVOICE TO	
Company		Company	
Address		Address	
Zip Code / City		Zip Code / City	
Country		Country	
Phone:		Phone:	
Fax:		Fax:	

Patient ID:

Your reference:

Quantity	Type of Liner	
	Cushion Liner	Initial Order
	Cushion Liner	Repeat Order
	Locking Liner	Initial Order
	Locking Liner	Repeat Order

Options for your liner: (you have to choose one of each)

	Left or Right side
	3 mm Uniform or 6 mm Tapered
	Extra Soft or Medium Soft
	Thick distal end (14 mm) or Thin distal end (5-6 mm)
	Black or Beige colour

IMPORTANT Information

- The plaster model needs to be a positive model.
- Make sure that the model has same length as the final liner.
- The model should be reduced approx. 4-6% on circumferential measurements.
- Please state if and where you need extra cushion or other custom solutions to your liner!

Additional Information:



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