

PRINT FORM AND MAIL TO:

DEPARTMENT OF VETERANS AFFAIRS
Denver Acquisition & Logistics Center (003A4D)
P.O. Box 25166
Denver CO 80225-0166

For additional information, visit: <https://www.va.gov/opal/nac/dlc/socks.asp>.

PRINT LAST NAME - FIRST NAME - MIDDLE INITIAL			SOCIAL SECURITY NO. <i>(Last four digits)</i>		
MAILING ADDRESS <i>(Street, City, State and ZIP Code)</i>			THIS ADDRESS IS: <input type="checkbox"/> NEW <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY	DATE OF REQUEST	
ITEM REQUESTED	LEG		ARM		REMARKS
	RIGHT	LEFT	RIGHT	LEFT	
1. SOCK SIZE NO.					
MEASUREMENT WIDTH AT TOP					
MEASUREMENT WIDTH AT TOE					
MEASUREMENT LENGTH					
MATERIAL AND PLY					
2. SHEATH SIZE					
3. T-SHIRT, COTTON <i>(for shoulder disarticulation)</i> , SIZE:					
VA FORM NOV 2012		2345	VETERAN'S REQUEST FOR PROSTHETIC SOCKS		