

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:		DATE OF REQUEST
			<input type="checkbox"/> NEW <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		
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  
MAY 2008 **2345**

**VETERAN'S REQUEST FOR PROSTHETIC SOCKS**

Please print out a copy and fill out for needed items. Insert into an envelope and mail to:

VA Denver Acquisition & Logistics Center (001AL-A2-4)  
 PO Box 25166  
 Denver, CO 80225-1666