

**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 <b>WIDTH AT TOP</b>					
MEASUREMENT <b>WIDTH AT TOE</b>					
MEASUREMENT <b>LENGTH</b>					
<b>MATERIAL AND PLY</b>					
2. SHEATH SIZE					
3. T-SHIRT, COTTON <i>(for shoulder disarticulation)</i> , SIZE:					
VA FORM NOV 2012		<b>2345</b>	<b>VETERAN'S REQUEST FOR PROSTHETIC SOCKS</b>		