LOWER EXTREMITY PROSTHETIC MEASUREMENT FORM

Date: _____ **P.O. #**_____ **Company/Branch:**_____ **Clinician:** _____

Phone # (_____) - _____ **Patient Name:**_____ **K-Level:** _____

Right:_____ **Left:**_____ **Height:**_____ **Weight:**_____ **Date Needed:**_____ **Shipping Method: Priority / Standard / 2nd Day**

Level of amputation: Hip Disart. AK Knee Disart. BK Symes

CAST WORK/DUPLICATION

Reduce/Enlarge cast: **#ply:** _____

Minor modifications **Digitize** **Carve**

Duplicate height/alignment **Prepare & Pour**

SOCKET

Evaluation: **Vivak** **Durplex** **Thermolyn**

Copoly: **Caucasian** **Negroid** **White** **Natural**

Lamination: **Caucasian** **Negroid** **Latino** **Carbon Fiber**

Swatch # _____

INTERFACES/LINERS

Insert material: Proflex Bock Lite Trilam.

Liner: Proflex Proflex/Silicone Northvane Polyeth.

COMPONETRY

Valves: _____

Distal Attach: _____

Lock: _____

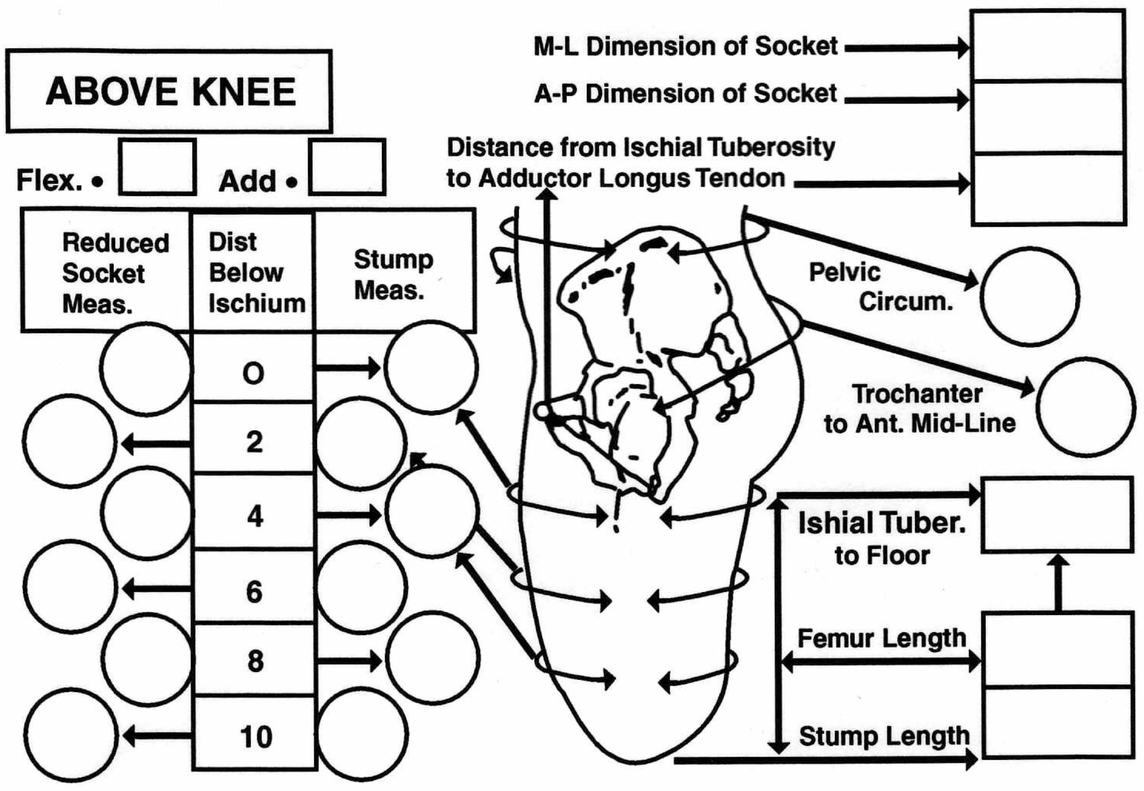
FINISH

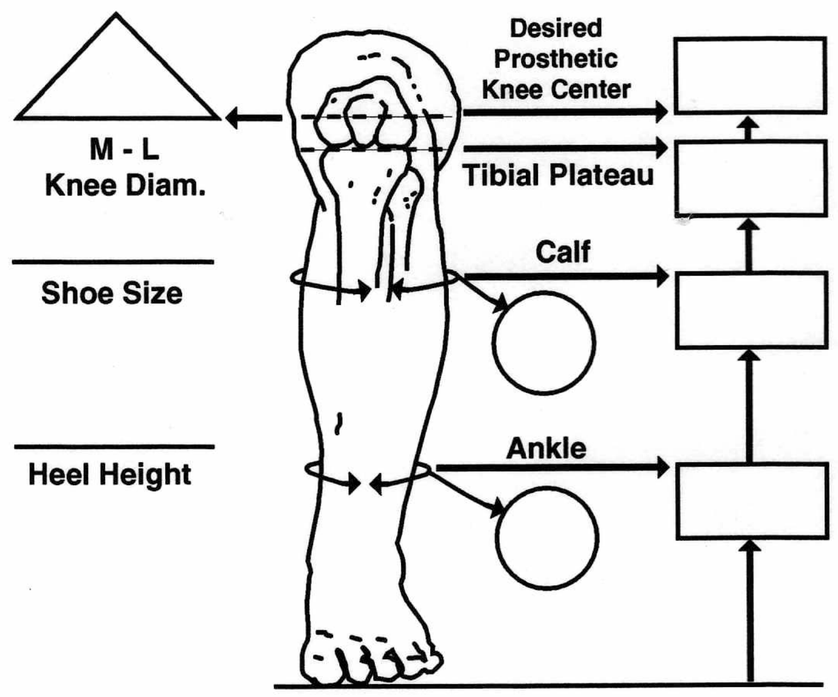
Shaped foam cover **Laminated cover**

Two part discontinuous cover

Shape/Finish Exo **Shape/Finish Symes**

Spray skin finish: Color Swatch #: _____





SPECIAL INSTRUCTIONS: _____

PSL Fabrication

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