

Please complete and attach to our standard "Transfemoral or Knee Disarticulation" Order Form. Thank You.



2521 W Veterans Pkwy, Marshfield, WI 54449 Toll
 Free: 888-384-4766 | Phone: 715-207-6360 Fax:
 888-389-5251 | Email: office@prostheticplus.com

AK By Measurement

Patient Information

Name: _____

PO#: _____

Age: _____ Height: _____ Weight: _____

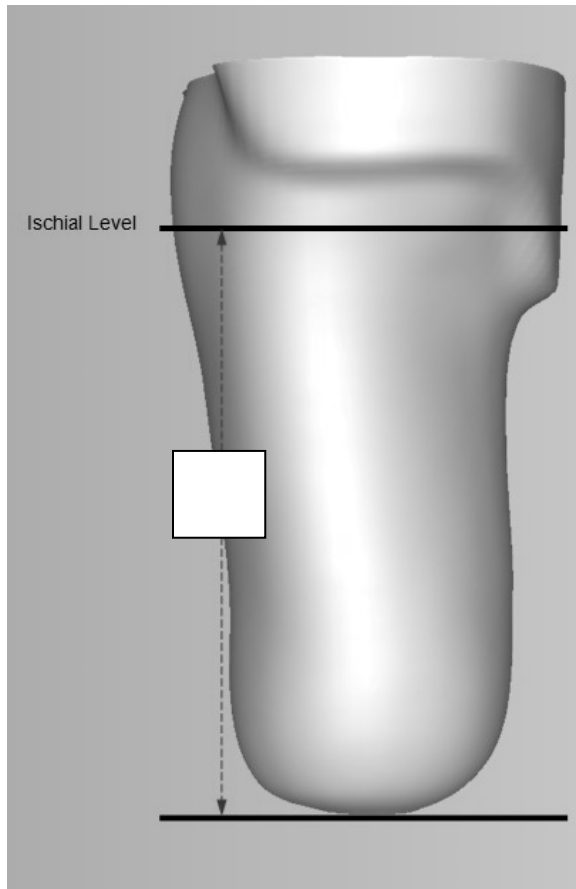
Male Female K Level: 1 2 3 4

Left Right Bilateral

Brim Type:

- Ischial Containment Quadrilateral Regular
 Quadrilateral Geriatric Quadrilateral Modified

Measurements:



Fabrication Guidelines:

- Test Socket
 Seamless Thermolyn (or Equal) Vivak
 Seam 3/16" 1/4"
 Laminated Socket
 Copoly Socket 3/16" 1/4"

Lock Type: _____

Special Instructions:

**To increase model accuracy,
 please provide 4 - 6 measurements.**

Practitioner: _____

Contact Number: _____

Ship To: _____

Date Due: _____

Flexion: _____ Adduction: _____

Level (mm) Circumference (mm)

0/30	
60	
90	
120	
150	
180	
210	
240	
270	
300	

Tech notes:

Date Received: _____ Tech: _____