

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



415 W Cedar St, Spencer, WI 54479  
 Toll Free: 888-384-4766 | Phone: 715-207-6360 x2  
 Fax: 888-389-5251 | Email: office@prostheticplus.com

**AK By Measurement**

**Patient Information**

Name: \_\_\_\_\_

PO#: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

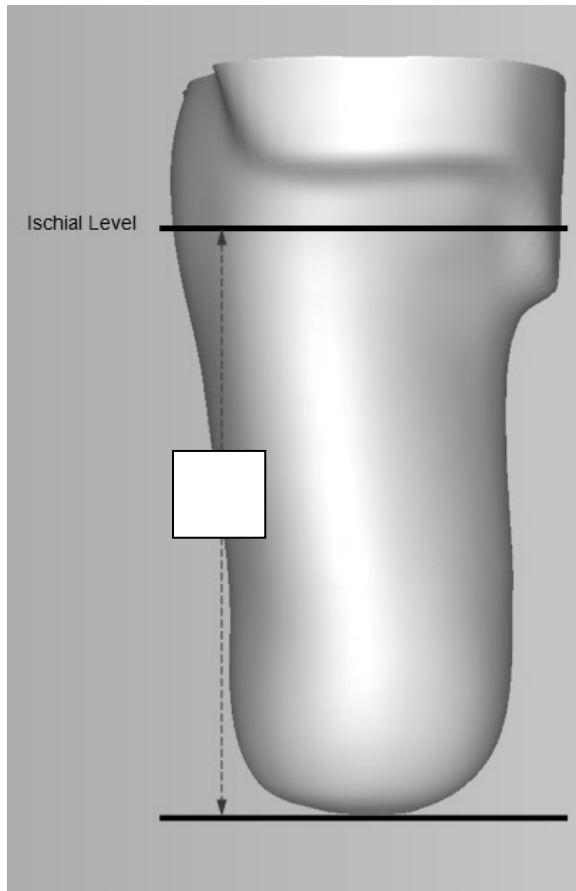
Male  Female K Level:  1  2  3  4

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)

|             |  |
|-------------|--|
| <b>0/30</b> |  |
| 60          |  |
| <b>90</b>   |  |
| 120         |  |
| <b>150</b>  |  |
| 180         |  |
| <b>210</b>  |  |
| 240         |  |
| 270         |  |
| 300         |  |

Tech notes:

Revised: April 2021

Date Received: \_\_\_\_\_ Tech: \_\_\_\_\_