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AK By Measurement

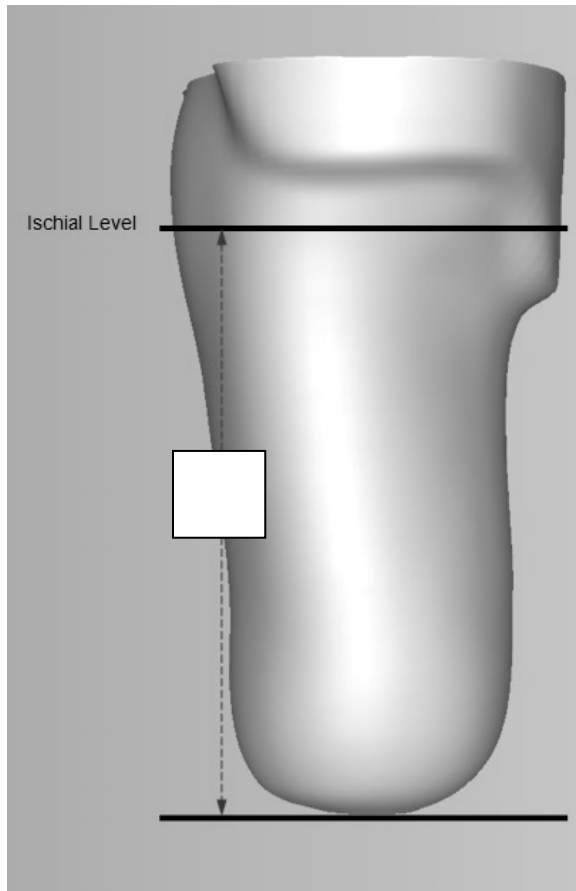
Patient Information

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:



Ship to:

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:

Due date: _____ Practitioner: _____
 Company: _____

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

Flexion: _____ Adduction: _____

Level (mm) Circumference (mm)

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

Tech notes:

Revised: December 2023

Date Received: _____ Tech: _____