

AK by Measurement



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### Contact Information

Date:  P.O.#:  Company Name:

Address:

City:  State:  Zip:

Phone #:  Shipping Method:

Contact Name:  E-mail:

### Patient Information

Patient Name:  Sex:  M  F Right  Left

Activity Level:   Positive Carving  Diagnostic Socket

Templates	Circum. Measurements	Distal End																								
<input type="radio"/> Narrow M-L 1 <input type="radio"/> Narrow M-L 2 <input type="radio"/> Narrow M-L 3 <input type="radio"/> Narrow M-L 4 <input type="radio"/> Narrow M-L 5 <input type="radio"/> Narrow M-L 6 <input type="radio"/> Narrow M-L 8 <input type="radio"/> Quad 1 <input type="radio"/> Quad 2 <input type="radio"/> Quad 3 <input type="radio"/> Quad 4 <input type="radio"/> Soft Quad <input type="radio"/> Soft Narrow M-L <input type="radio"/> Knee Disartic. <input type="radio"/> CAT/CAM <input type="radio"/> PSL/JVA  My Custom Template: <input type="text"/>	<table border="1"> <thead> <tr> <th></th> <th>Level</th> <th>Reduced measurements for suction</th> </tr> </thead> <tbody> <tr><td>0"</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>2"</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>4"</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>6"</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>8"</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>10"</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td>12"</td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>		Level	Reduced measurements for suction	0"	<input type="text"/>	<input type="text"/>	2"	<input type="text"/>	<input type="text"/>	4"	<input type="text"/>	<input type="text"/>	6"	<input type="text"/>	<input type="text"/>	8"	<input type="text"/>	<input type="text"/>	10"	<input type="text"/>	<input type="text"/>	12"	<input type="text"/>	<input type="text"/>	<input type="radio"/> Bulbous <input type="radio"/> Conical <input type="radio"/> Square  M-L of Distal end: <input type="text"/> Knee disartic.
	Level	Reduced measurements for suction																								
0"	<input type="text"/>	<input type="text"/>																								
2"	<input type="text"/>	<input type="text"/>																								
4"	<input type="text"/>	<input type="text"/>																								
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10"	<input type="text"/>	<input type="text"/>																								
12"	<input type="text"/>	<input type="text"/>																								
<b>Other Information</b>																										
Length: <input type="text"/>																										
Flexion: <input type="text"/>																										
Adduction: <input type="text"/>																										

\*\*We fabricate our products from the measurements you provide, to the specifications requested, and in accordance with generally accepted O & P industry practices. We rely entirely upon the judgment and evaluation of the qualified professional seeing the patient to ensure the fit and function of our products and will make every effort to rectify any situation that may arise.

### Special Instructions