

AK BY MEASUREMENTS

DATE: _____ P.O.#: _____ COMPANY/BRANCH _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE #: () _____ SHIPPING: _____ MEASURED BY: _____

PATIENT INFORMATION

PATIENT NAME: _____

RIGHT LEFT HT: _____ WT: _____ :SEX: _____ AGE: _____

CHECK SOCKET

POSITIVE CARVING

TEMPLATES

MEASUREMENTS

NARROW M-L #: _____

SOFT NARROW M-L

QUAD #: _____

SOFT QUAD

CAT/CAM

KNEE DISARTIC

	Level	Reduced measurements for suction
0"	_____ "	_____ "
2"	_____ "	_____ "
4"	_____ "	_____ "
6"	_____ "	_____ "
8"	_____ "	_____ "
10"	_____ "	_____ "
12"	_____ "	_____ "
	LENGTH FROM ISCHIUM _____	_____ "

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 judgement 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

