

# Above Knee Prosthesis

Date \_\_\_\_\_

<b>PATIENT INFO (PHI)</b>	Last Name / ID _____ First Name _____		Remarks/Additional Prosthetic Components					
	Gender _____							
	Male _____	Age _____				Height _____	Weight _____	Shoe Size _____
	Female _____							
Diagnosis _____								

<b>SHIPPING INFORMATION</b>	Practitioner _____	Phone/Fax _____	Shipping Company _____	Service _____
	Facility _____	PO Number _____	UPS _____	Ground _____
	Ship to Address _____	Bill to Address _____	FedEx _____	2 Day Air _____
	City _____ State _____ Zip _____	City _____ State _____ Zip _____	Other: _____	Overnight _____
			Need by _____	

Shape Acquisition Via:  Cast  Scan | Affected Side:  Left  Right |  Cast Over Liner  3mm  6mm  9mm

**Cast Mod** Yes No

Narrow ML/IC \_\_\_\_\_

Quad \_\_\_\_\_

Total Reduction \_\_\_\_\_ %

Other: \_\_\_\_\_

**Check Socket**

Vivac (PETG) \_\_\_\_\_

Thermolyn \_\_\_\_\_

Other: \_\_\_\_\_

**Definitive Socket**

Color \_\_\_\_\_

Epoxy/Glass/Carbon \_\_\_\_\_

Acrylic/Glass/Carbon \_\_\_\_\_

Polypropylene \_\_\_\_\_

Knee Disartic \_\_\_\_\_

Other: \_\_\_\_\_

**Inner Sockets**

Proflex	Silicone	Yes	No
Polyethylene			

Other: \_\_\_\_\_

**Distal Connector**

Plate (Grace Type) \_\_\_\_\_

3 Prong Adapter \_\_\_\_\_

Shuttle Lock \_\_\_\_\_

Modular \_\_\_\_\_

Integrated \_\_\_\_\_

Pin Length \_\_\_\_\_

Other: \_\_\_\_\_

**Foam Liner**

Standard Prefab Cone \_\_\_\_\_

Trilam/Composite \_\_\_\_\_

Keasy Cone \_\_\_\_\_

Other: \_\_\_\_\_

Add Distal Pad \_\_\_\_\_

**Miscellaneous**

Secondary Lamination \_\_\_\_\_

Trilam/Composite \_\_\_\_\_

Heavy Duty Lay-up \_\_\_\_\_

Carbon Braid Reinforcement \_\_\_\_\_

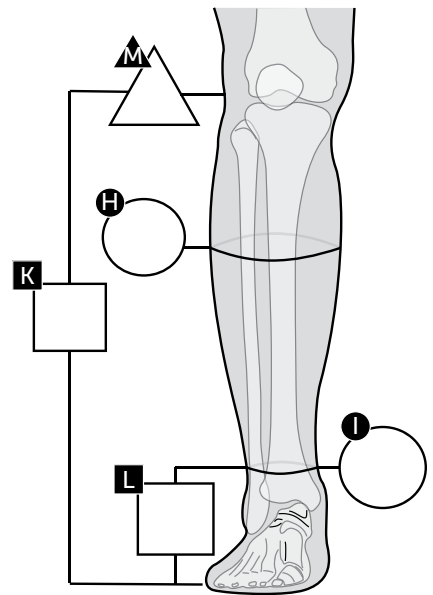
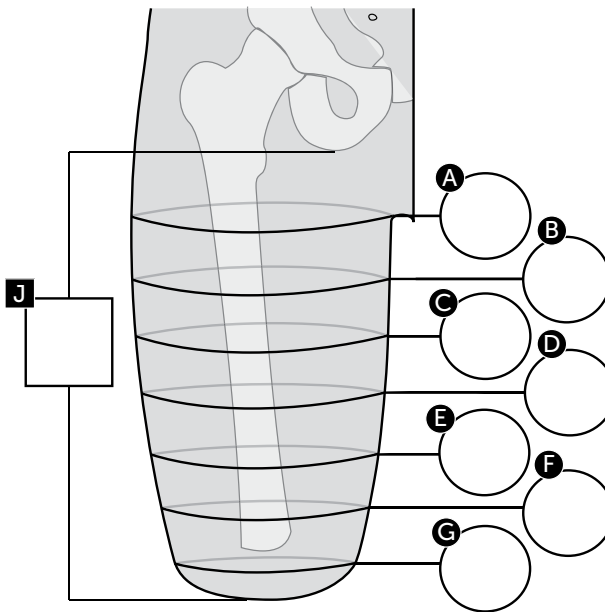
Suction Valve (Lyn Type) \_\_\_\_\_

Foam Cover Skin Stockings \_\_\_\_\_

Suspension Sleeve \_\_\_\_\_

Window (Knee Disartic) Post. Ant. \_\_\_\_\_

Silicone Expandable Bladder (Knee Disartic) \_\_\_\_\_



**Circumferences**

A Perineum

B - C (-2" each step)

**Lengths**

J Ischium to Distal End to Distal End

Second Limb

K Knee Center to Floor

L Ankle to Floor

**Diameter**

M ML @ Knee