

# Below 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 _____		FedEx _____ 2 Day Air _____		
	City _____ State _____ Zip _____		Other: _____ Overnight _____		
Bill to Address _____			Need by _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		

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

**Cast Mod** Yes No

Complex (e.g. PTB)  
 Supra Condylar  
 Supra Cond/Patellar

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

**Check Socket**

Vivak (PETG)  
 Thermolyn  
 Polypropylene  
 Seam  
 Seamless

**Definitive Socket**

Color \_\_\_\_\_

Epoxy/Glass/Carbon  
 Acrylic/Glass/Carbon  
 Polypropylene

**Inner Sockets**

Proflex  
 Proflex w/ silicone  
 Polyethylene

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

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

Flexion Contracture \_\_\_\_\_

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

**Distal Connector**

Plate (Grace Type)  
 Shuttle Lock (e.g. PTB)  
 Modular  
 Integrated

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

Degrees Bench Alignment \_\_\_\_\_

Transfer Alignment  
 Neutralize Alignment Screws

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

**Foam Liner**

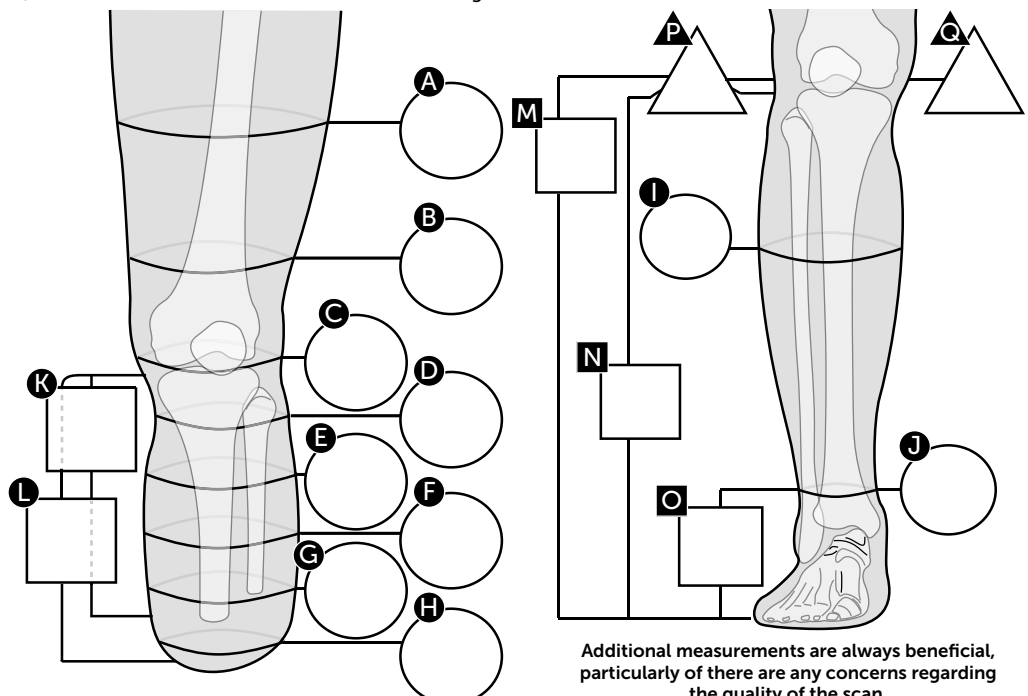
Standard  
 Trilam/Composite  
 Keasy Cone

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

Add Distal Pad

**Miscellaneous**

Trilam/Composite  
 Heavy Duty Lay-up  
 Carbon Braid Reinforcement  
 Suction Valve (Lyn Type)  
 Foam Cover Skin Stockings  
 Suspension Sleeve  
 Door (Symes)  
 Silicone Expandable Bladder (Symes)



Additional measurements are always beneficial, particularly of there are any concerns regarding the quality of the scan.

- CIRCUMFERENCES**
- LENGTHS**
- ▲ DIAMETER**
- A** Mid-thigh
- K** MPT to Distal Tibia
- ▲ P** M/L @ Knee
- B** Distal-thigh
- L** MPT to Distal End
- ▲ Q** AP @ Patella
- C** MPT
- M** Knee Center to Floor
- D** 2" < MPT
- N** MPT to Floor
- E** 4" < MPT
- O** Ankle to Floor
- F** 6" < MPT
- J** Above Ankle
- G** 8" < MPT
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- H** 10" < MPT
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