

Date \_\_\_\_\_



# Above Knee Prosthesis

6333 North Orange Blossom Trail, Orlando FL 32810 • www.orthomerica.com • phone 877-737-8444 • fax 877-737-8445

|                           |                                       |                 |  |  |  |
|---------------------------|---------------------------------------|-----------------|--|--|--|
| <b>PATIENT INFO (PHI)</b> | Last Name / ID _____ First Name _____ |                 | Remarks/Additional Prosthetic Components |  |  |
|                           | Gender _____                          |                 |  |  |  |
|                           | Male _____                            | Age _____       |  |  |  |
|                           | Female _____                          | Diagnosis _____ |  |  |  |

|                             |                       |                                  |                        |                 |
|-----------------------------|-----------------------|----------------------------------|------------------------|-----------------|
| <b>SHIPPING INFORMATION</b> | Practitioner _____    | Phone/Fax _____                  | Shipping Company _____ | Service _____   |
|                             | Facility _____        | PO Number _____                  | UPS _____              | Ground _____    |
|                             | Ship to Address _____ | City _____ State _____ Zip _____ | FedEx _____            | 2 Day Air _____ |
|                             | Bill to Address _____ | 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                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 \_\_\_\_\_

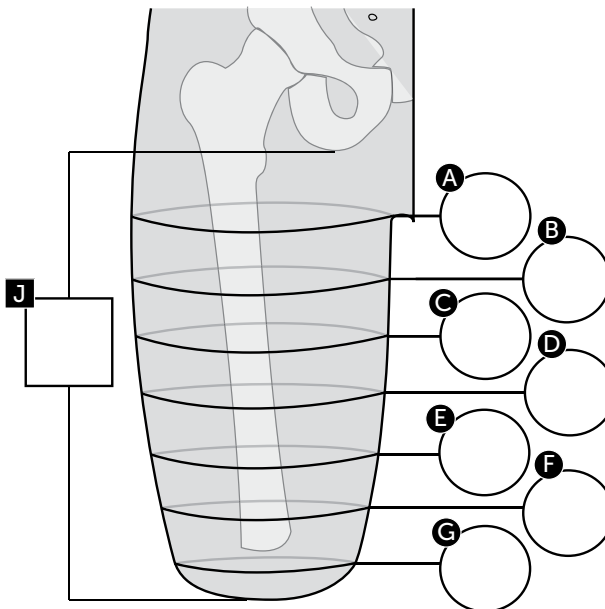
Suction Valve (Lyn Type) \_\_\_\_\_

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

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

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

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



**Circumferences**

**A** Perineum

**B - C** (-2" each step)

**D** Second Limb

**H** Mid Calf

**I** Above Ankle

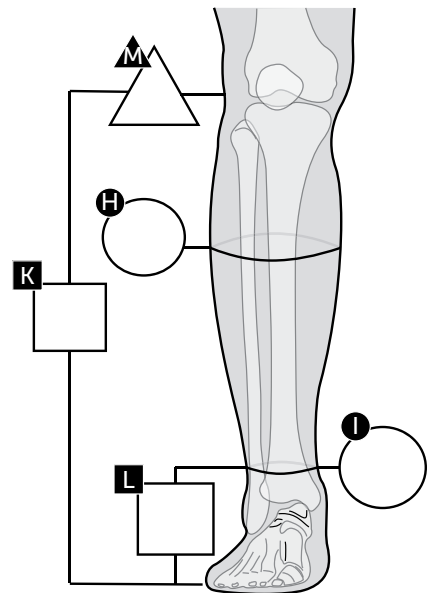
**Lengths**

**J** Ischium to Distal End to Distal End

**K** Second Limb

**L** Knee Center to Floor

**M** Ankle to Floor



**Diameter**

**M** ML @ Knee