

Date _____



Below Knee Prosthesis

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

SHIPPING INFORMATION	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 | Scan/Cast Over Liner 3mm 6mm 9mm

Cast Mod Yes No

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

Total Reduction _____ %

Other: _____

Check Socket

- Vivak (PETG)
- Thermolyn
- Polypropylene
- Seam
- Seamless

Flexion Contracture _____

Degrees Bench Alignment _____

Definitive Socket

- Color _____
- Epoxy/Glass/Carbon
- Acrylic/Glass/Carbon
- Polypropylene

Other: _____

Inner Sockets

- Proflex
- Proflex w/ silicone
- Polyethylene

Other: _____

Distal Connector

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

Pin Length _____

Other: _____

Foam Liner

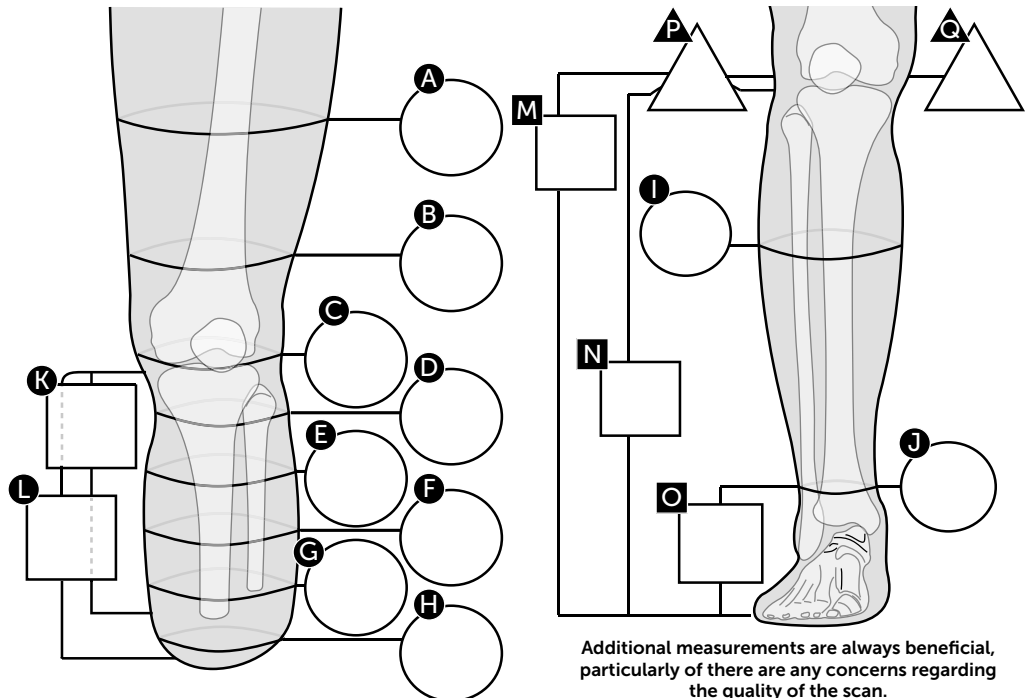
- Standard
- Trilam/Composite
- Keasy Cone

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

- A** Mid-thigh
- B** Distal-thigh
- C** MPT
- D** 2" < MPT
- E** 4" < MPT
- F** 6" < MPT
- G** 8" < MPT
- H** 10" < MPT

■ SECOND LIMB

- I** Calf
- J** Above Ankle

■ LENGTHS

- K** MPT to Distal Tibia
- L** MPT to Distal End

■ SECOND LIMB

- M** Knee Center to Floor
- N** MPT to Floor
- O** Ankle to Floor

▲ DIAMETER

- P** M/L @ Knee
- Q** AP @ Patella