

## TRANSFEMORAL MEASUREMENT FORM

Company Name \_\_\_\_\_  
 Company Contact \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Shipping Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Patient Name:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_  
**Activity Level:** \_\_\_\_\_  
**BiLateral**  **Right**  **Left**   
**Endo**  **Exo**

**Socket Type:** Diagnostic Definitive  
 Preparatory Transfer & Finish

**Insert/Liner Type:** Polyethylene Proflex Surlyn Other  
**Thickness:** \_\_\_\_\_

**Suspension Type:** \_\_\_\_\_  
**Lock / Value Type:** \_\_\_\_\_

**Laminated Socket Type:** Acrylic AME Epoxy  
**Color:** Caucasian Negroid Color # \_\_\_\_\_  
 Custom Finish Carbon Finish  
 Lightweight Standard Heavy Duty

**Set up/Alignment:** None Static  
 ADD \_\_\_\_\_° ABD \_\_\_\_\_° Flexion \_\_\_\_\_°  
 Alignment Device \_\_\_\_\_  
 Socket Attachment Type \_\_\_\_\_

**Cosmetic Cover Type:** \_\_\_\_\_  
**Cosmetic Skin Type:** \_\_\_\_\_ Color # \_\_\_\_\_  
 Expose Toes

**Foot Type:** \_\_\_\_\_ **Size** \_\_\_\_\_ **Heel** \_\_\_\_\_  
**Knee Type:** \_\_\_\_\_

**Special Notes:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

