

TRANSTIBIAL 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

Thermoplastic Type: _____
Thickness: _____
 Open Seam Closed Seam Bubble Pull

Distal End Pad: _____ **Thickness:** _____
Insert/Liner Type: Polyethylene Proflex Surlyn Other
Thickness: _____ **Lock/Valve Type:** _____
Suspension 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 Height _____ **Knee Type:** _____

Special Notes:

