



TRANSFEMORAL  
LOWER LIMB PROSTHESIS  
*Order form*

Practitioner

Phone

Delivery Options:

Email ID

☐ 2 Day

☐ 7 Day

☐ Other \_\_\_\_

Patient Name

Requested Due Date

PO Number

**Socket Information**

- ☐ Left      ☐ Right  
☐ Male      ☐ Female  
☐ Medical      ☐ Lateral  
☐ Other

**Socket Shapes**

- ☐ ICS Contoured  
☐ ICS Advanced  
☐ ICS Medium  
☐ ICS Feminine contoured  
☐ ICS Anatomica  
☐ Quadrilateral contoured  
☐ Quadrilateral feminine contoured  
☐ Quadrilateral medium  
☐ Hybrid

**Distal End Shapes**

(Check all that apply)



*\*Tapered end may not be acceptable for use with adapters.*

## Optional Products and Services

Adapter Set-up: (choose one)



**4-Screw Socket Adapter** - Stainless steel with four-screw adjustment and lamination anchor. Can be easily transferred to the definitive socket for quick, efficient fabrication.



**Socket Adapter with Pyramid** - Stainless steel with adjustment pyramid and lamination anchor. Can be easily transferred to the definitive socket for quick, efficient fabrication.



**Shuttle Locks** - 3-prong rotatable adapter, these locks are compatible with all modular prosthetic components. The shuttle lock/pin assembly can be removed and replaced with a compatible rotating pyramid or 4-screw connector. The locks can be easily transferred to the definitive socket for quick, efficient fabrication.

## Measurements (in mm)

*Note: Take measurements over liner.*

Linear distance to circumference	Corresponding Residual limb Circumference	Final socket Circumference after reduction (Optional)	
0 mm			
30 mm			
50 mm up from distal end			
Circumferential reduction 0-6 %			

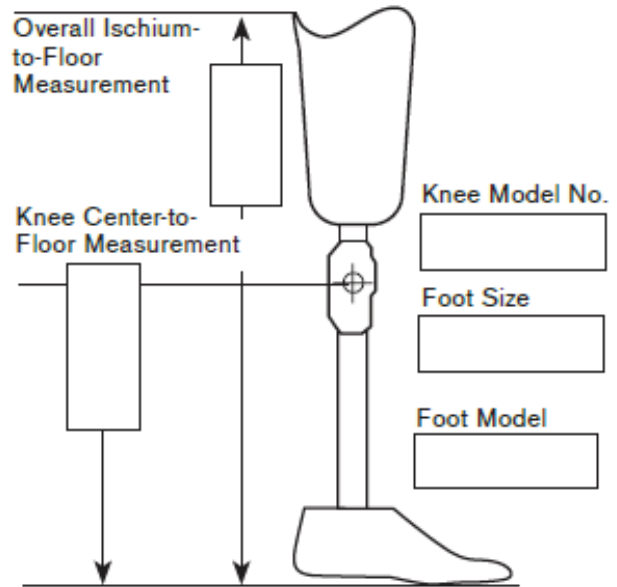
Please indicate the desired degree of:

Flexion

Adduction

Note: Failure to indicate will result in a default 5° setting.

## Static Alignment



*Take all measurements with the patient's shoe off. Record all measurements in millimetres unless otherwise noted.*

## Reduction Suggestions

These reduction percentages are based on our experience. You may need to try different percentages to determine the reduction that best meets your needs.

0% Liner 1-2% Sock Fit

3-4% Suction Fit 5-6% Fleshy Skin

## Special Instructions

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