ABOVE ELBOW

Patient Registration Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: DD/MM/YY

Side of Amputation: Left Right Bilateral

Stump Length: Short Long Ideal

Distal End Type: Conical Cylindrical Bulbous Ideal

Stump Muscle Type: Bony Firm Loose

PROSTHETIC COMPONENTS

Socket Type:

Elbow Unit Type:

Wrist Unit Type:

Terminal Device Type:

Control system Type: Body powered Externally powered Hybrid

Suspension Type: Self suspending Locking liner Suction Harnessing Other

Note: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

