CenFab
Fabrication of Orthotic and Prosthetic devices

TRANSFEMORAL SOCKET MEASUREMENT INFORMATION

Date:

Name of patient:

Weight (in kg):

Amputated side: ☐ left ☐ right

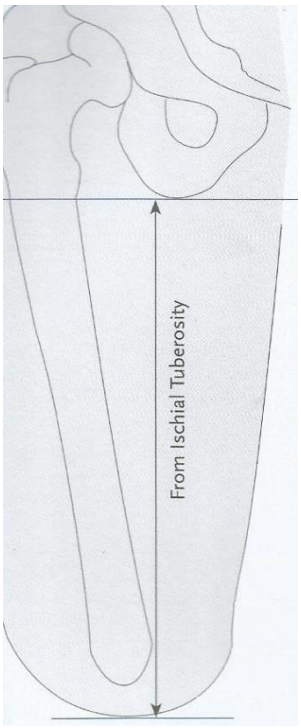
Liner type:

Liner Size:

Prosthetist name:

Prosthetist contact number:

Additional Information/Notes:



PLEASE NOTE:

All components to be used such as: valves, adapters, suspension locks, laminating blocks, RevoFit/Boa kits etc. Prosthetic knees, feet, pylons etc. needs to be supplied by the client to CenFab for use in fabrication. Non-compliance will result in a delay of fabrication.

Circumference Measurement Information:

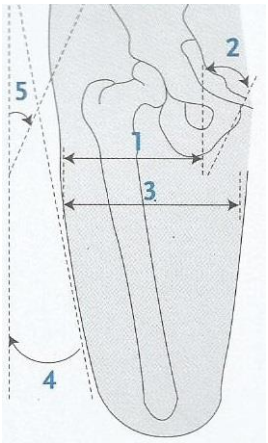
Circumference:		
(PTB) 0cm	cm	_____
1cm	cm	_____
3cm	cm	_____
6cm	cm	_____
9cm	cm	_____
12cm	cm	_____
15cm	cm	_____
18cm	cm	_____
21cm	cm	_____
24cm	cm	_____
27cm	cm	_____
30cm	cm	_____
33cm	cm	_____

Length of residual limb from ischium: cm

Ischium to ground: cm

Knee centre (CK) to ground: cm

1. Skeletal ML-size cm
2. Horizontal ramus angle °
3. Soft tissue ML-size 60mm below ischium cm
4. Lateral abduction °
5. Ilium angle °
6. Flexion °
7. AP-size cm



☐Test Socket

Suspension Type:

- ☐Locking
- ☐Suction
- ☐Lanyard

Socket Model:

- ☐Conventional (MASS type)
- ☐Framed/Windows
- ☐Boa/RevoFit **(RevoFit/Boa to be supplied by client)**

☐Inner Socket:

☐Definitive Socket

- ☐Brown/Negro
- ☐Caucasian
- ☐Other: (please specify) -

☐Flex liner (Supra soft Thermolyn)

☐Pelite liner (Keezee liner)

☐None

SUBMIT FORM