CenFab
Fabrication of Orthotic and Prosthetic devices

TRANSTIBIAL SOCKET MEASUREMENT INFORMATION

Date:

Name of patient:

Weight (in kg):

Amputated side: ☐ left ☐ right

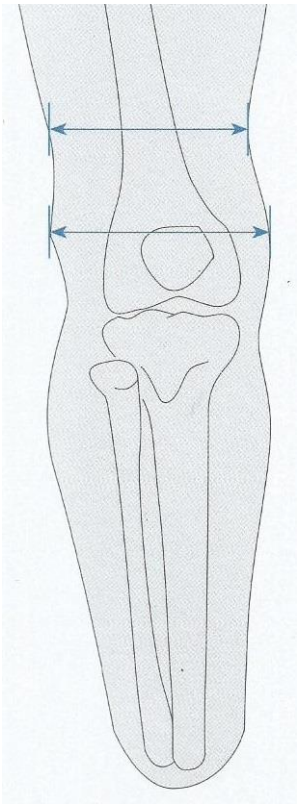
Liner type:

Liner Size:

Prosthetist name:

Prosthetist contact number:

Additional Information/Notes:



Circumference Measurement Information:

Supra condylar ML cm Circumference:

Condylar ML cm

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

PLEASE NOTE:

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

Length of residual limb from (PTB) inferior patella: cm

Knee centre (CK) to ground: cm

☐Test Socket

Suspension Type:

- ☐Locking
- ☐Suction
- ☐PTS

Socket Model:

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

☐Definitive Socket

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

☐Inner Socket:

- ☐Flex liner (Supra soft Thermolyn)
- ☐Pelite liner (Keezee Liner)
- ☐None

SUBMIT FORM