

**This is not the work order. DO NOT SUBMIT THIS SHEET.** After recording your measurements complete the online work order form at [hangerfabrication.com](http://hangerfabrication.com) or scan the QR code to the right.

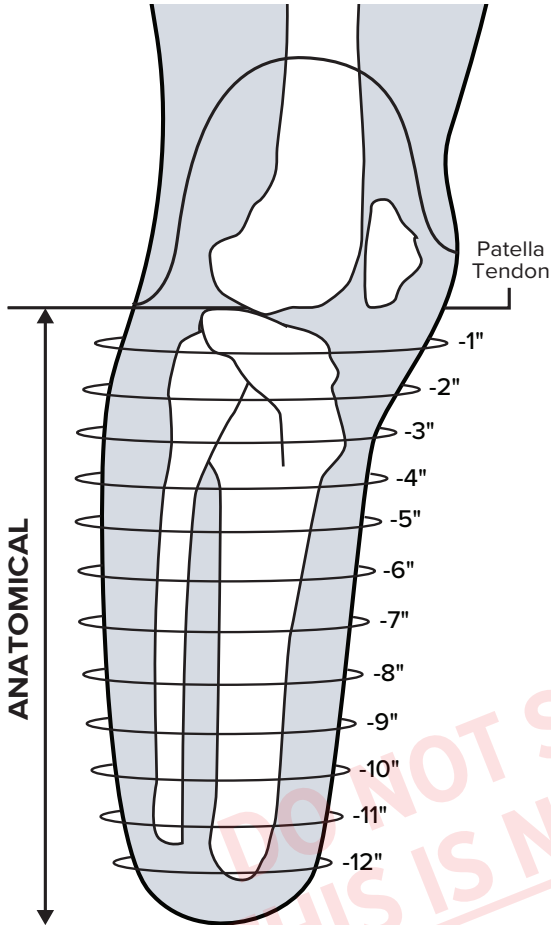


PATIENT ID: (first initial) \_\_\_\_\_ (last name) \_\_\_\_\_

**MEASUREMENTS:** ☐ IN ☐ CM

**NOTES**

- Always scan/cast & measure over the liner you are fitting with.
- Measurements required at 1" (2.5 cm) intervals.
- Anatomical landmarks of MPT, Fibular Head, & Distal Tibia must be located on the scan/cast.



Residual limb length from mid patella tendon to distal end

Left

Right

Cast Left

Cast Right

Thickness:

Thickness:

LEFT		RIGHT
	PML	
	KC ML	
	0 Level MPT	
	-1" (-2.5 cm)	
	-2" (-5 cm)	
	-3" (-7.5 cm)	
	-4" (-10 cm)	
	-5" (-12.5 cm)	
	-6" (-15 cm)	
	-7" (-17.5 cm)	
	-8" (-20 cm)	
	-9" (-22.5 cm)	
	-10" (-25 cm)	
	-11" (-27.5 cm)	
	-12" (-30 cm)	