

This is not the work order. DO NOT SUBMIT THIS SHEET. After recording your measurements complete the online work order form at hangerfabrication.com or scan the QR code to the right.



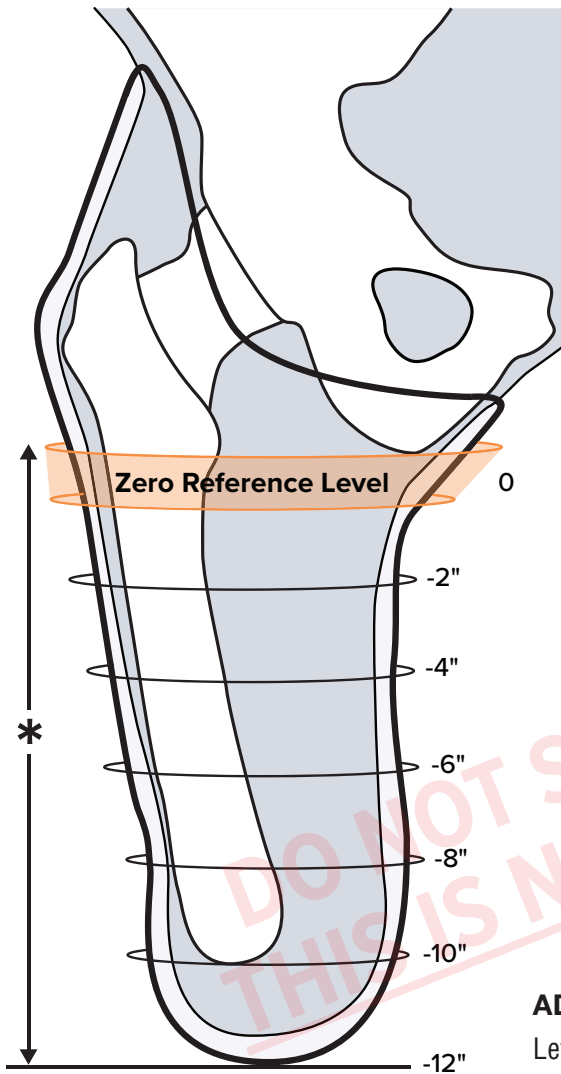
PATIENT ID: (first initial) _____ (last name) _____

MEASUREMENTS: ☐ IN ☐ CM

NOTES

Zero Reference Level – ☐ Perineum† ☐ Ischium

† Perineum must be used for all 2020 and newer brimstyles



*Residual limb length from
ZERO Level to distal end

☐

Left

☐

Right

LEFT

☐

**0
Level**

☐

**-2"
(-5 cm)**

☐

**-4"
(-10 cm)**

☐

**-6"
(-15 cm)**

☐

**-8"
(-20 cm)**

☐

**-10"
(-25 cm)**

☐

**-12"
(-30 cm)**

RIGHT

☐
☐
☐
☐
☐
☐
☐

ADDITIONAL LENGTH

Left _____

Right _____

KNEE DISARTICULATION

☐ Left ☐ Right

ALIGNMENT

Flexion _____

Adduction _____

Abduction _____

CAST LEFT

Thickness _____

CAST RIGHT

Thickness _____