

CUSTOM TRANSFEMORAL AMPUSHIELD

DATE:

This is not the work order. <u>DO NOT SUBMIT THIS SHEET.</u> 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** *IMPORTANT: Provide trim length from Distal Limb. Fabrication will adjust length to accommodate for end pad. Left **Right Zero Level** at Medial **Trim Height** 0 LvI -2" -4" **Lateral Limb Trim Height Medial Limb Trim Height** -6" Left Right -8" Left **Right** -10" -12"

NOTES