HFN

CUSTOM TRANSTIBIAL AMPUSHIELD

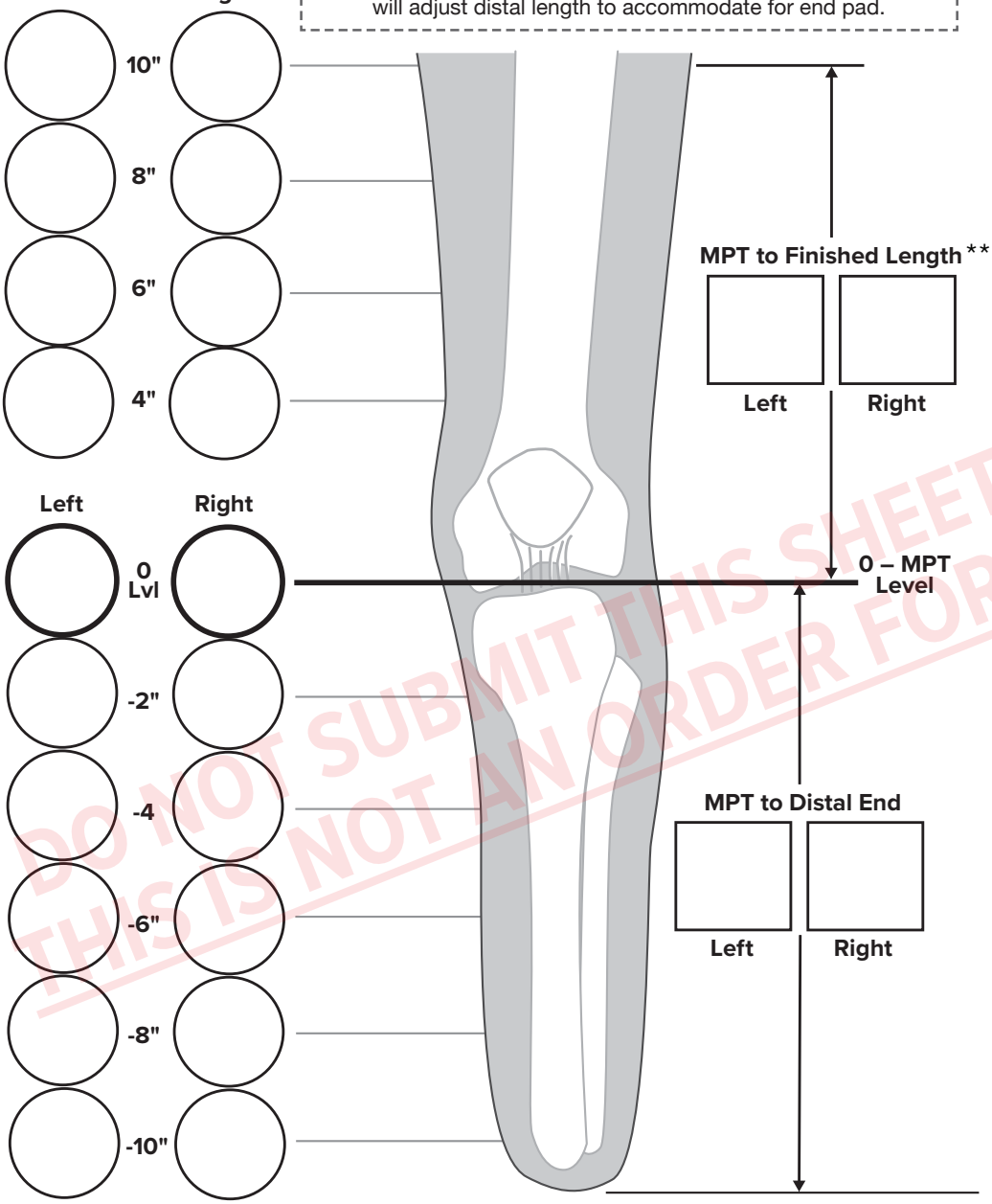
DATE:

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

***IMPORTANT:** Provide trim length from **MPT**.
**Must be a minimum of 8" for Semi-Rigid Frame. Fabrication will adjust distal length to accommodate for end pad.



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