

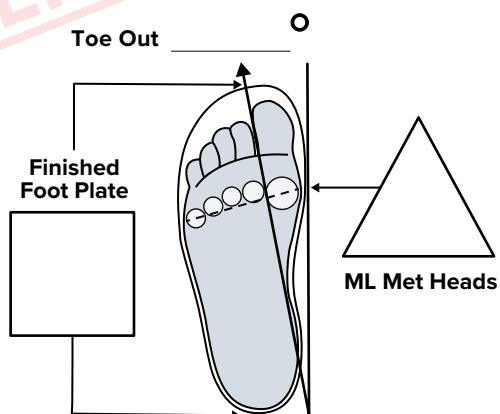
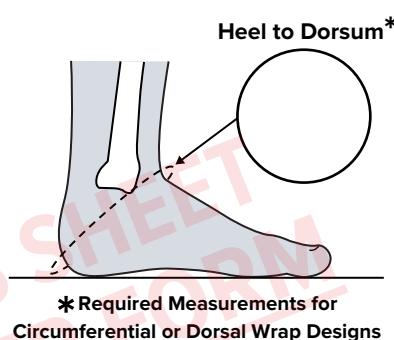
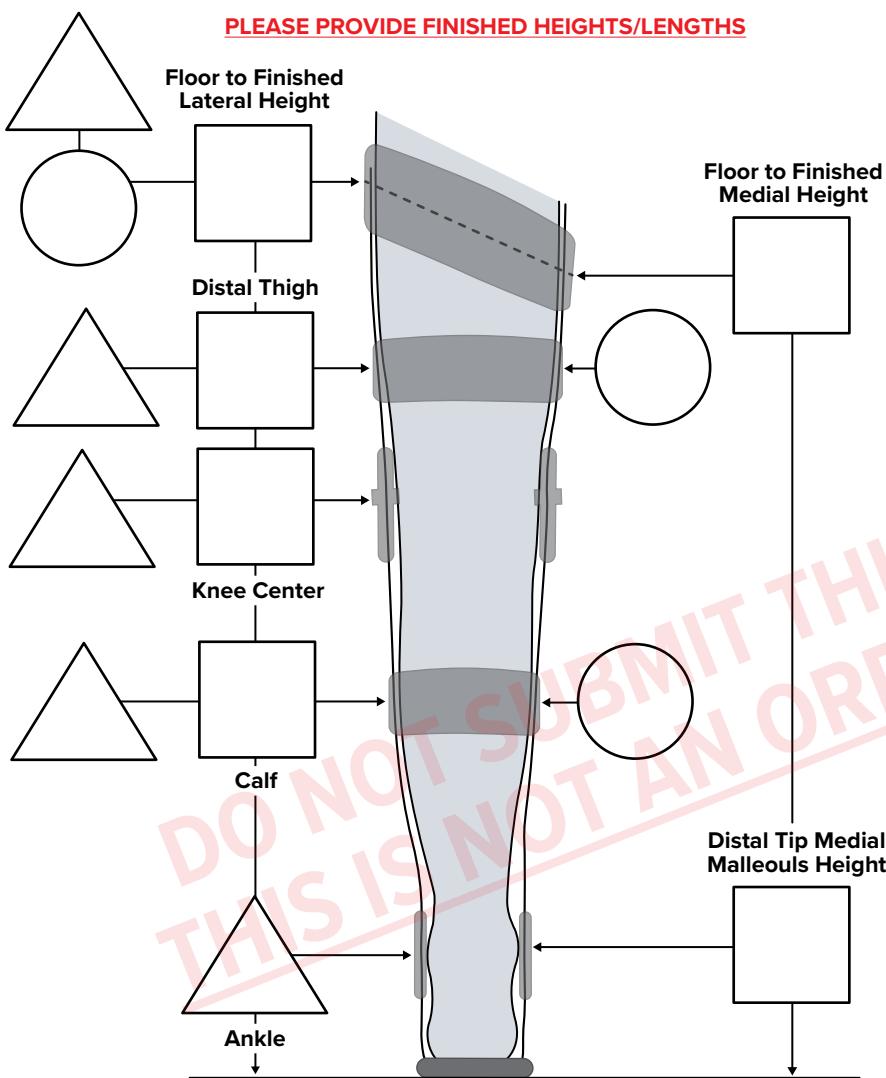
This is not the work order. **DO NOT SUBMIT THIS SHEET.** After recording your measurements complete the online work order form at hangerfabrication.com or scan the QR code to the right.

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

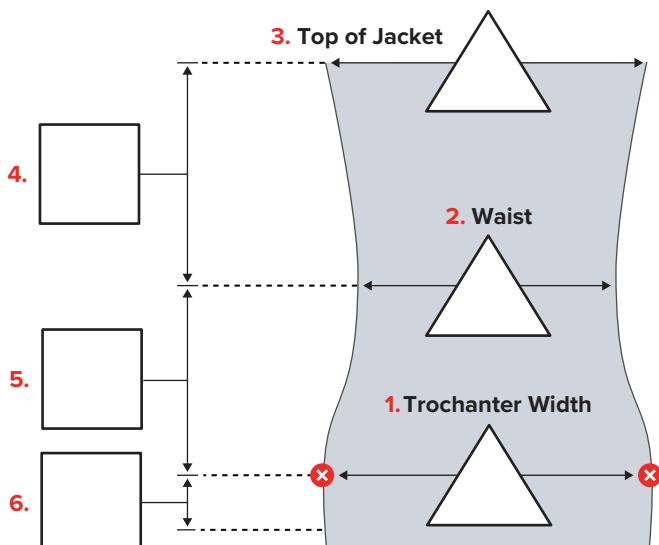
MEASUREMENTS

NOTES

PLEASE PROVIDE FINISHED HEIGHTS/LENGTHS



Fill out all 9 measurements boxes. They are needed even when you are sending a cast. If you need a custom design or expert advice, please let us know. **Important: Measurements 1-7 are crucial for a good fit.**



✖ Please mark hip joint location on cast.

Use a firm table and a knee support when taking measurements.

