

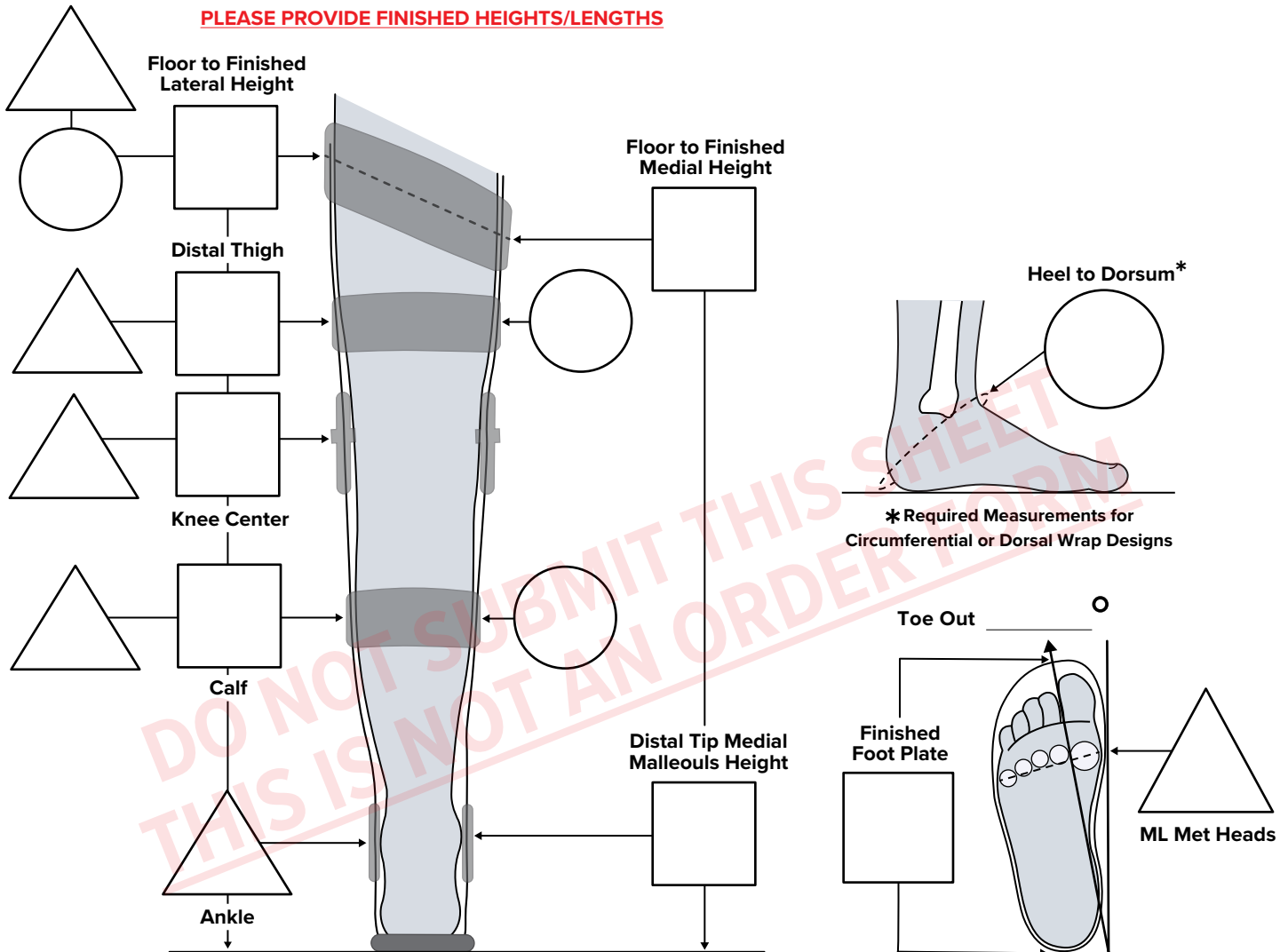
**This is not the work order. DO NOT SUBMIT THIS SHEET.** After recording your measurements complete the online work order form at [hangerfabrication.com](http://hangerfabrication.com) or scan the QR code to the right.

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

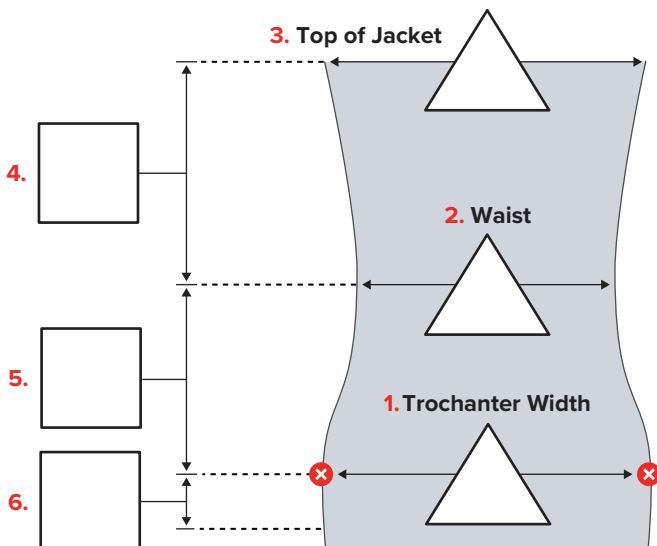
## MEASUREMENTS

## 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.

