



## Limbs for Life Componentry Request Form

- Patient's Full Name \_\_\_\_\_
- Amputation Level (please circle only for limbs needing parts)
  - AK
  - BK
  - AE
  - BE
  - Other \_\_\_\_\_
- Items Requested: Please put any additional info in the space provided. Quantity

Adapter	
Shuttle Lock	
Knee	
Pylon	
Tube Clamp	
Foot L or R Sizes Needed:	
Liner Sizes Needed <b>(Locking or Cushion) (AK or BK) (3mm, 6mm, 9mm)</b> <b>(Small, Medium, Medium Plus, Large, Large Plus, or XL)</b> <b>Ohio Willow Wood Alpha Liner Part Number-</b>	
Socks: Sizes Needed: (Hole or no hole) <div style="text-align: right;">Top ____ Toe ____ Length ____ Ply ____</div>	

- Prosthetist Information
  - Name: \_\_\_\_\_
  - Company: \_\_\_\_\_
  - Address: \_\_\_\_\_
  - City\State\Zip \_\_\_\_\_
  - Phone\Fax \_\_\_\_\_
  - Email: \_\_\_\_\_

*Componentry Requests are not complete until signed by prosthetist. By signing this you agree that all sizes, parts, and descriptions are accurate.*

**Prosthetist Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_