



# Limbs for Life (LFL) – Component Request Form

DATE: \_\_\_\_\_

Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Prosthetist: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Cell: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Current LFL applicant? **Yes** **No**

### PATIENT INFORMATION

Name: \_\_\_\_\_ Weight: \_\_\_\_\_ K-level: \_\_\_\_\_ Skin tone: \_\_\_\_\_

Check type(s) of amputation: \_\_\_\_\_ Left Below Knee \_\_\_\_\_ Left Above Knee \_\_\_\_\_ Right Below Knee \_\_\_\_\_ Right Above Knee  
 \_\_\_\_\_ IT or PTB⇒floor (no shoe) \_\_\_\_\_ IT or PTB⇒end of residual limb [IT = AK only; PTB = BK only]

### Measurements Required

Circumference \_\_\_\_\_ @ 4cm from distal end or @ largest part \_\_\_\_\_ @ 6cm from distal end

For BK only: \_\_\_\_\_ @ knee \_\_\_\_\_ @ 10 cm above knee For AK only: \_\_\_\_\_ knee center to floor \_\_\_\_\_ IT to knee center

Preferred suspension type: \_\_\_\_\_

**NOTE: Textile products are new and/or unused. All other components are gently used.**

For LFL Use	<b>✓ Check all items requested (include sizes)</b>										
	<b>Foot</b>	<b>L</b>	<b>R</b>	<b>Size</b> _____ (cm)	<b>Impact Level</b>	Low	Medium	High			
	Preferred Foot Type Choice(s): _____										
	<b>Knee</b>	<b>✓ Check all that apply</b>							*limited availability		
	Manual Lock	Polycentric	Hydraulic	Single Axis	Pneumatic	Microprocessor*					
	<i>Ohio Willow Wood &amp; ALPS cushion &amp; locking liners (6mm) are available. Others limited to brand/size/quantity in stock</i>										
	<b>Liner</b> (2 per limb)	<b>Type:</b>	<b>Cushion</b>	<b>Locking</b>	<b>Check Size:</b>	S	M	M+	L	L+	XL
	Are you willing to accept brand substitutions? <b>Yes</b> <b>No</b>										
	Other preferences: _____										
	<b>Sleeve</b>	AK / BK	Size(s): _____	Is this for suction suspension?				Yes	No		
	<b>Shrinker</b>	AK / BK	Size(s): _____	With belt ?	Yes	No					
	<b>Socks</b>	Size: _____	Length: _____	Wool?	Yes	No					
	Ply	1-2 ply	3 ply	5 ply	Specify other Ply / Qty _____						
	Qty of each	_____	_____	_____							
	<b>Other Textiles:</b>										
	<b>State quantity, check all that apply</b>										
	<b>Adapters, Hardware</b>										
	Male Pyramid/4 hole adapter	Female /4 hole Adapter	KISS/Lanyard Adapter	Lamination/Grace Plate							
	Pin	Tube Clamp	Lock	Pylon	<b>Heavy Duty Componentry Required?</b>						
	Other: _____										

**LFL will provide comparable substitutions if item requested is not available**