

Component Request Form

	DATE:
	Clinic: Prosthetist:
7	Address: Phone:
	Cell:
	Email: Fax:
	ALEI THE THE STATE OF THE STATE
ren	t LFL applicant? Yes No PATIENT INFORMATION
ne:	Weight: K-level: Skin tone:
e ty	ype(s) of amputation: Left Below Knee Left Above Knee Right Below Knee Right Above Knee
sur	rements RequiredIT or PTB⇔floor (no shoe)IT or PTB⇔end of residual limb [IT = AK only; PTB = BK only]
	iference@ 4cm from distal end or @ largest part@ 6cm from distal end
err	ed suspension type:
	NOTE. Texale products are new analor unused. All outer components are gently used.
r L	✓ Check or circle all items requested (include sizes)
e	
	Foot L or R Size (cm) Impact Level Low Medium High
887	Preferred Foot Type Choice(s):
	Knee ✓ Check all that apply *limited availability
	Knee ✓ Check all that apply *limited availability Manual Lock Polycentric Hydraulic Single Axis Pneumatic Microprocessor*
	Ohio Willow Wood & ALPS cushion & locking liners (6mm) are available. Others limited to brand/size/quantity in stock
	Liner (2 per limb) Type: Cushion Locking Circle Size: S M M+ L L+ XL
	Are you willing to accept brand substitutions? Yes No
	Other preferences:
	Sleeve AK / BK Size(s): Is this for suction suspension? YES NO
	Shrinker AK / BK Size(s): With belt ? YES NO
	Socks Size: Length: Wool? Yes / No
\dashv	Ply 1-2 ply 3 ply 5 ply Specify other Ply / Qty
-	Qty of each
	Other Textiles:
	State quantity, circle all that apply
T	Adapters, Hardware
	Male Pyramid/4 hole adapterFemale /4 hole AdapterKISS/Lanyard AdapterLamination/Grace Plate
	Male Pyramid/4 hole adapter Female /4 hole Adapter KISS/Lanyard Adapter Lamination/Grace Plate Pin Tube Clamp Lock Pylon Heavy Duty Componentry Required? YES Other:

LFL will provide comparable substitutions if item requested is not available