



PROSTHETIST INFORMATION

To be completed and signed by the prosthetist

PROSTHETIST Name: _____ Certification Type: _____

Prosthetic Clinic: _____ City: _____

Clinic Address: _____ State & Zip: _____

Phone: _____ Fax: _____ Email: _____

PATIENT Name: _____ Date of Birth: _____

Patient Height (ft+in): _____ Patient Weight (lbs): _____

Level of Amputation (circle): RAK LAK RBK LBK

Date of Amputation (mo & yr): _____ Cause: _____

Anticipated Level of Ambulation (circle): K0 K1 K2 K3 K4

Level of Motivation (circle): 1(low) 2 3 4 5(high)

Explain why this applicant is a good candidate for Limbs for Life funding: _____

FEE SCHEDULE

Fee includes test and final socket, fabrication of prosthetic and adjustments as needed for the life of the socket.

Table with 2 columns: Description and Fee. Rows include 'Above Knee, Knee Disarticulation, Hip Disarticulation' for \$4,000 and 'Below Knee and Symes' for \$3,000.

- Checkmarks and text regarding LFL's policy on donated components, payment timing, work completion, and insurance co-pays.

ITEMS REQUIRED FOR PAYMENT

When final limb is delivered, submit: 'Private Pay' invoice, two (head-to-toe) Digital Photos and/or video of the patient wearing the prosthesis and Delivery Acknowledgement signed by the patient.

This agreement, if approved by the LFL Board of Directors, is an agreement between the Foundation and the prosthetic clinic. No money shall ever be paid to the applicant. By signing this form, the prosthetic clinic agrees to absorb any additional costs above the amount designated in the fee schedule, so as to provide this service free-of-charge for the patient.

Prosthetist Signature: _____ Date: _____

Return by email (preferred): admin@limbsforlife.org or by fax: 405-843-5123
Limbs for Life Foundation: 9606 N. May Avenue, Oklahoma City, OK 73120; 888-235-5462