



# COMPONENT REQUEST FORM

Clinic: \_\_\_\_\_ Prosthetist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Admin Email: \_\_\_\_\_

Approved LFL Applicant? Yes No Int'l / Country: \_\_\_\_\_

## PATIENT INFORMATION – Include ALL Measurements

Name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ K-level: \_\_\_\_\_ Skin Tone: \_\_\_\_\_

Amputation Level (circle): LEFT AK LEFT BK RIGHT AK RIGHT BK

Measurements (REQUIRED): \_\_\_\_\_ IT or PRB >floor (w/o shoe) \_\_\_\_\_ IT or PTB >end of residual limb

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

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

Preferred Suspension Type: \_\_\_\_\_

## Circle / Check All Items Needed – Include SIZES of ALL ITEMS

*Note: If we do not have what is requested, we will send the next closest available item*

**Textile Products are New and/or Unused; All other components are new or gently used**

**SHRINKER:** AK BK Size(s): \_\_\_\_\_

With Belt? Yes No

**SOCKS:** Size: \_\_\_\_\_ Length: \_\_\_\_\_

Specify Ply and Qty:

1-2 Ply: \_\_\_\_\_ 3 Ply: \_\_\_\_\_ 5 Ply: \_\_\_\_\_

**Other Textiles:** \_\_\_\_\_

**LINER: (2 per limb included, as available)**

**Cushion Locking Suction**

**Size: S M M+ L L+ XL**

Brand Preference: \_\_\_\_\_

Will you accept brand substitutions? Yes No

**SLEEVE:** AK BK Size(s): \_\_\_\_\_

Is this for suction suspension? Yes No

**KNEE:** \*Limited Availability

Manual Lock \_\_\_\_\_ Polycentric \_\_\_\_\_ Hydraulic \_\_\_\_\_

Single Axis \_\_\_\_\_ Pneumatic \_\_\_\_\_ Microprocessor\* \_\_\_\_\_

**ADAPTERS/HARDWARE** **Quantity:**

Male Pyramid / 4-hole Adapter: \_\_\_\_\_

Female Pyramid / 4-hole Adapter: \_\_\_\_\_

KISS / Lanyard Adapter: \_\_\_\_\_

Lamination / Grace Plate: \_\_\_\_\_

Pin: \_\_\_\_\_

Tube Clamp: \_\_\_\_\_

Lock: \_\_\_\_\_

Pylon: \_\_\_\_\_

**FOOT: L or R Size(cm): \_\_\_\_\_**

Impact Level: **Low Medium High**

Preferred Foot Type: \_\_\_\_\_

**Complete form and return via email: [admin@limbsforlife.org](mailto:admin@limbsforlife.org)**

Limbs for Life Foundation: 9606 N. May Ave. Oklahoma City, OK 73120; 888-235-5462