FORM Nº4

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Date: ..... Nº: ..... Patient: .....

Age*: ..... ◯ Male ◯ Female Weight*: ..... Height*: ..... ◯ Replacement

IMPORTANT: You must attach a picture of injury or draw it in the sketch. *Required data.

◯ **Ref. 9301**
Anklet
Nº of units: .....
◯ R ◯ L

◯ **Ref. 9302**
Knee length stocking
Nº of units: .....
◯ R ◯ L

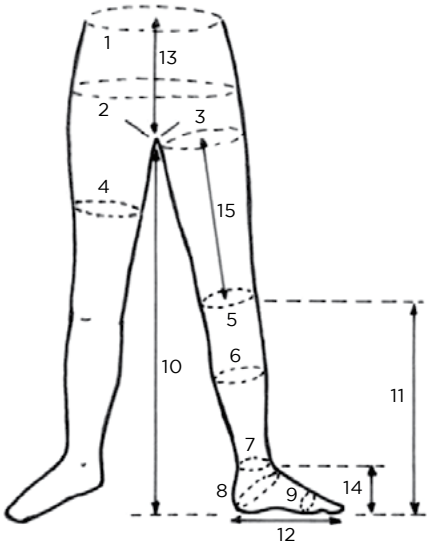
◯ **Ref. 9303**
Thigh lenght stocking
Nº of units: .....
◯ R ◯ L

◯ **Ref. 9306**
Waist height one leg
Nº of units: .....
◯ R ◯ L

◯ **Ref. 9307**
Waist height two legs
Nº of units: .....

◯ **Ref. 9305**
Panty girdle
Nº of units: .....

◯ **Ref. 9304**
Tubular for leg
Nº of units: .....
◯ R ◯ L



Basic measurements		R	L
1	Circumference of waist		
2	Circumference of hips		
3	Circumference of thigh		
4	Circumference of 1/2 thigh		
5	Circumference of knee		
6	Circumference of gemellus		
7	Circumference of ankle		
8	Circumference of heel to instep		
9	Circunference of instep		
10	Distance from crutch to floor		
11	Distance from knee to floor		
12	Lenght of foot		
13	Distance from waist to crutch		
14	Distance from ankle to floor		
15	Distance from crutch to knee		

Additional measurements		
Height (from floor) each 5 cms.	Leg circumferences	
	R	**L**

Comments

Crotch:	◯ Open	◯ Closed
Toes:	◯ Open	◯ Closed