

APOPPS®
KNEE DISARTIC

DATE: _____

PATIENT: _____ PROTHETIST: _____ PO NUMBER: _____

MEASUREMENTS (ALL MEASUREMENTS SHOULD BE TAKEN OVER BANDAGES, SOCKS, ETC.):

SIDE: LEFT _____ RIGHT _____

LENGTH: _____ in/cm ISCHIUM TO DISTAL END
 _____ in/cm LARGEST PART OF RESIDUUM TO JUST ABOVE CONDYLES
 _____ in/cm JUST ABOVE CONDYLES TO DISTAL END

CIRCUMFERENCES: _____ in/cm ISCHIAL LEVEL
 _____ in/cm 2" BELOW ISCHIAL LEVEL
 _____ in/cm AT LARGEST PART OF RESIDUUM
 _____ in/cm JUST ABOVE CONDYLES
 _____ in/cm AT CONDYLES

SOCKET AND/OR PACKAGE:	<u>FLO-TECH-TOR™-KD</u>	<u>UFOS-KD™</u>	<u>APOPPS®-KD</u>
	L _____	L _____	L _____
	R _____	R _____	R _____

Foot/Knee/Pylon Units: Includes Manual locking knee, rotatable 4-hole connector, SACH foot adapter, pylon, and

Post-Op Wayfarer Foot: L R Size: 24 26 28 *(Required with all foot orders)*

Titanium Knee/Pylon Unit Stainless Steel Knee/Pylon Unit

OPTIONS & COMPONENT ITEMS:

<u>QTY</u>	<u>DESCRIPTION</u>	<u>QTY</u>	<u>DESCRIPTION</u>
_____	Modification to Standard Socket	_____	4-bolt Adapter Plate, 4 short, 4 long screws
_____	Velcro® neoprene band	_____	Titanium SACH Foot Adapter
_____	Per Socket Strap - All Sizes	_____	Titanium Rotatable 4-hole Connector
_____	Distal End Pad – per pkg. Size: _____	_____	Titanium Pylon Tube w/Adapter
_____	Distal End Reticulated Pad – per pkg. Size: _____	_____	Post-op Foot: <input type="checkbox"/> L <input type="checkbox"/> R Size: _____
_____	Complete Belt System	_____	Stainless Steel SACH Foot Adapter
_____	Pour & Modify Cast	_____	Stainless Steel Rotatable 4-hole Connector
_____	Each Amputation Socks Size: _____	_____	Stainless Steel Pylon Tube w/Adapter