APOPPS®
KNEE **D**ISARTIC

DATE: _____

PROSTHETIST:_____ **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:	**FLO-TECH-TOR™–KD**	**UFOS™–KD**	**APOPPS®–KD**
	L _____	L_____	L _____
	R _____	R _____	R _____

Complete belt system required for use and sold separately.

OPTIONS & COMPONENT ITEMS:

Returns accepted for manufacturer defect *only*.

QTY	DESCRIPTION
_____	Modification to Standard Socket
_____	Velcro® neoprene band
_____	Per Socket Strap - All Sizes
_____	Distal End Pad – per pkg. Size: _____
_____	Distal End Reticulated Pad – per pkg. Size: _____
_____	**Complete Belt System *(required)***
_____	Pour & Modify Cast
_____	Each Amputation Socks Size: _____

QTY	DESCRIPTION
_____	4-bolt Adapter Plate, 4 short, 4 long screws
_____	Titanium SACH Foot Adapter
_____	Titanium Rotatable 4-hole Connector
_____	Titanium Pylon Tube w/Adapter
_____	Post-op Foot: ❒L ❒R Size: _____
_____	Stainless Steel SACH Foot Adapter
_____	Stainless Steel Rotatable 4-hole Connector
_____	Stainless Steel Pylon Tube w/Adapter

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