

SYMES

Measurement Form

PROSTHETIST: _____ PO NUMBER: _____ Date: _____

Custom Symes Order

Left: _____ Right: _____ From Measurements: _____ From Tracing: _____ (Fax two 8½" x 11" pieces of paper)

Circle Sockets for this Order:

VCSPS™ or APOPPS®
NON-AMBULATORY AMBULATORY

Lengths:

From mid-patella tendon to distal end _____ in/cm

From smallest part of calf to distal end _____ in/cm

From smallest part of ankle to distal end _____ in/cm

AP (anterior to posterior) _____ in/cm

At smallest part of ankle to distal end _____ in/cm

At ball of Symes _____ in/cm

ML (medial to lateral side) _____ in/cm

At tibial tubercle _____ in/cm

At largest part of calf _____ in/cm

At smallest part of ankle _____ in/cm

At ball of Symes _____ in/cm

Circumferences:

At tibial tubercle _____ in/cm

At widest part of calf _____ in/cm

At just below calf muscle _____ in/cm

At mid-point from distal calf to smallest part of ankle _____ in/cm

At smallest park of ankle _____ in/cm

At ball of Symes amputation _____ in/cm

OPTIONS & COMPONENT ITEMS:

QTY	DESCRIPTION
_____	Fork/suspension strap
_____	Neoprene socket band
_____	Distal End Pad – per pkg. Size: _____
_____	TT Waist belt
_____	TT Padded/Lined Waist belt
_____	TT Alligator Strap & 2" Oblong loop
_____	TT Fork Strap Connector

Returns accepted for manufacturer defect only.

QTY	DESCRIPTION
_____	Titanium SACH Foot Adapter
_____	Titanium Rotatable 4-hole Connector
_____	Post-op Foot: L <input type="checkbox"/> R <input type="checkbox"/> Size: _____
_____	Stainless Steel SACH Foot Adapter
_____	Stainless Steel Rotatable 4-hole Connector
_____	Each Amputation Socks Size: _____