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Lower Extremity Measurement Form

PATIENT INFO SEX AGE HEIGHT WEIGHT	
ACTIVITY LEVEL DIAGNOSIS	
AFFECTED SIDE: LEFT RIGHT BILATERAL	
PRESCRIPTION	
HIP JOINT MODEL MATERIAL	
FLEX/EXTENSION ANGLE AB/AD DUCTION ANGLE	
KNEE JOINT MATERIAL	
RING LOCK BAIL LOCK DIAL LOCK STEP LOCK	
OTHER	
BALL RETAINERS: MEDIAL LATERAL	
ANKLE CRITERIA SOLID CARBON REINFORCED	
POSTERIOR STOP POSTERIOR SPRING ASSIST	
ADJUSTABLE POSTERIOR STOP	Without complete and accurate measurements we cannot warranty the fit of any orthosis.
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FABRICATION CRITERIA CONVENTIONAL METAL THERMOPLASTIC	ADDITIONAL INSTRUCTIONS
PLASTIC TYPE: POLYPROPYLENE COPOLYMER T.P.E.	
POLYETHYLENE	
PLASTIC THICKNESS: 1/8" 3/16" 1/4" OTHER	
PLASTIC COLOR VELCRO COLOR	
PATIENT IDENTIFICATION	MEASURED BY
SHIP TO	BILL TO
SHIP VIA	P.Q. # DATE DUE