

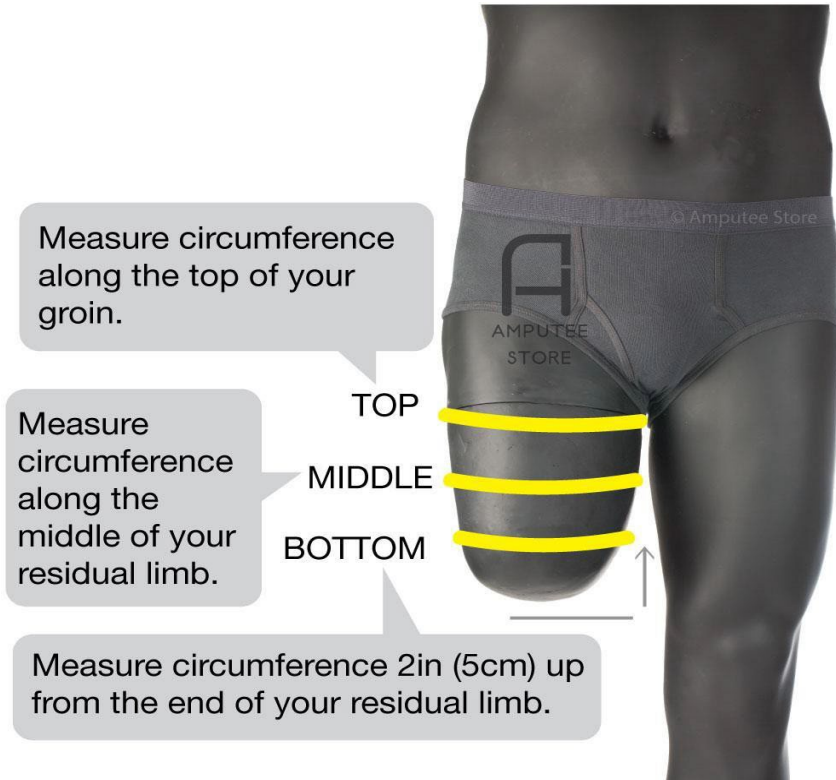
Measurements for a Trans Femoral Shrinker

Name: _____ Date: _____

Mailing Address: _____

Status Number: _____ Amputation Side: L or R

Clients Phone Number: _____



Three circumferential measurements:

#1/ Groin/Perinium _____ #2/Mid-Stump _____ #3/Distal End _____

Two Length measurements:

#4/Groin Circumference to the Mid Stump Circumference _____

#5/Mid Stump Circumference to Distal End Circumference _____

***Please Note: If the thigh circumference exceeds 65 cm or 18 ½ "then a custom shrinker must be ordered. In this case a hip attachment is recommended, therefore a waist circumference is required as well as the length between the waist and the proximal thigh circumference**

Waist measurements:

Waist Circumference _____

Length from Waist to Proximal Thigh Circumference _____

***Please Note: There is a flat rate shipping charge of \$25.00 that must be paid in full by the client prior to the shrinker sock being sent to the address provided.**

Fax this order order to 807-344-3332