

# Measurements for a Trans Tibial Shrinker

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Status Number: \_\_\_\_\_ Amputation Side: L or R

Clients Phone Number: \_\_\_\_\_



## Three circumferential measurements:

#1/Thigh \_\_\_\_\_ #2/Knee \_\_\_\_\_

#3/Distal End \_\_\_\_\_

## Two Length measurements:

#4/Thigh Circumference to the Knee Circumference \_\_\_\_\_

#5/Knee Circumference to Distal End Circumference \_\_\_\_\_

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

**Fax this order order to 807-344-3332**