## **Measurements for a Trans Tibial Shrinker**

Name:	Date:	
Mailing Address:		
Status Number:	Amputation Si	de: L or R
Clients Phone Nu	ımber:	
	Measure TOP circumference 6in (15cm) above your knee cap.	⊘ Amputee Store _
	MID-KNEE CAP	
	Measure circumference around the middle of your knee cap.	EE
	воттом	<b>■</b>
	Measure circumference 2in (5cm) up from the end of your residual limb.	
		40
Three circumferent	ial measurements:	
#1/Thigh	#2/Knee	
#3/Distal End		
Two Length measu	rements:	
#4/Thigh Circumfer	ence to the Knee Circumference	
‡5/Knee Circumfere	ence 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