

① CLINICIAN INFO	2 PATIENT INFO
Facility:	Name:
Branch:	DOB:
Prosthetist Name:	Gender: Male Female Other
Email:	Height:
Phone:	Weight: (<320 lbs)
Shipping: Ground (\$0) 2-Day (\$75	Amputation Cause:
Next Day (\$150)	Activity Level: K1 K2 K3 K4
PO Number:	Tissue Density: Soft Med Firm
3 SOCKET DETAILS	
Side: Left Right	Trim Lines: Standard (56mm > MTP)
Suspension: Pin-Lock Seal-In/Suction	on High (86mm > MT P)
Seal-In/Elevated Vacuum	Liner Type: TPE Polyurethane Silicone
	Liner Thickness: 3mm 6mm 9mm
Notice: We will not modify your socket upon receipt. Measurements are required for clarification purpose. Upon submitting a check socket, you will receive a \$200 discount. This will be applied to your invoice. STEP 1: MEASURE THE LIMB	Indications: MAX Circumference: 550mm MAX Length: 300mm MIN Length Pin-Lock: 120mm Seal-In: 190mm Distal Build Height: Pin lock: 24 mm Seal-In: 35 mm Tools Required: TT Length Gauge A/P M/L Gauge Tape Measure Indelible Marker Goniometer
Prepare to take measurements of the patient's limb by having the patient donn the liner.	STEP 3: Save and send to orders@liminnovations.com
Measure: MTP to end of limb relaxed (mm)	
Measure: MTP to end of limb compressed (mi	n)
Specify: Desired patient flexion (0° - 20°)	
Specify: Desired patient adduction (-5° - 7°)	
Measure: Contralateral MTP to floor (mm)	
Measure: Foot build height (mm)	