

PINNACLE UPPER EXTREMITY PROSTHETICS

MEASUREMENT FORM

PRACTITIONER INFORMATION

Practitioner _____ Branch Name _____
 PO # _____ Date _____ Ship Via _____
 Address _____
 City _____ State _____ Zip Code _____

PATIENT INFORMATION

Patient's Name _____ Date _____
 Age _____ Sex _____ Weight _____ Height _____
 Amputation Cause _____
 Amputation Level _____ Right Left
 Caucasian Brown Other Previous Prosthesis Worn? Yes No Shade # _____
 (If this is a Replacement Prosthesis, please include measurements from old prosthesis on a separate form.)
 Is the Prosthesis to be shipped ready for fitting? Yes No Date _____

SOCKET

Open Socket End Bearing Split Socket Lightweight
 Part # _____ Part # _____ Part # _____ Standard Weight
 Model _____ Model _____ Model _____ Heavy Duty

Special Instructions _____

JOINT TYPE

Wrist Elbow Hinge Check Here for Lift Assist
 Part # _____ Part # _____ Part # _____
 Model _____ Model _____ Model _____

Special Instructions _____

TERMINAL DEVICE

Hook Hand Glove
 Part # _____ Part # _____ Part # _____
 Model _____ Model _____ Model _____

Special Instructions _____

INCLUDE

Harness Cuff Cables Accessories
 Part # _____ Part # _____ Part # _____
 Model _____ Model _____ Model _____

Special Instructions _____



MEASUREMENTS

