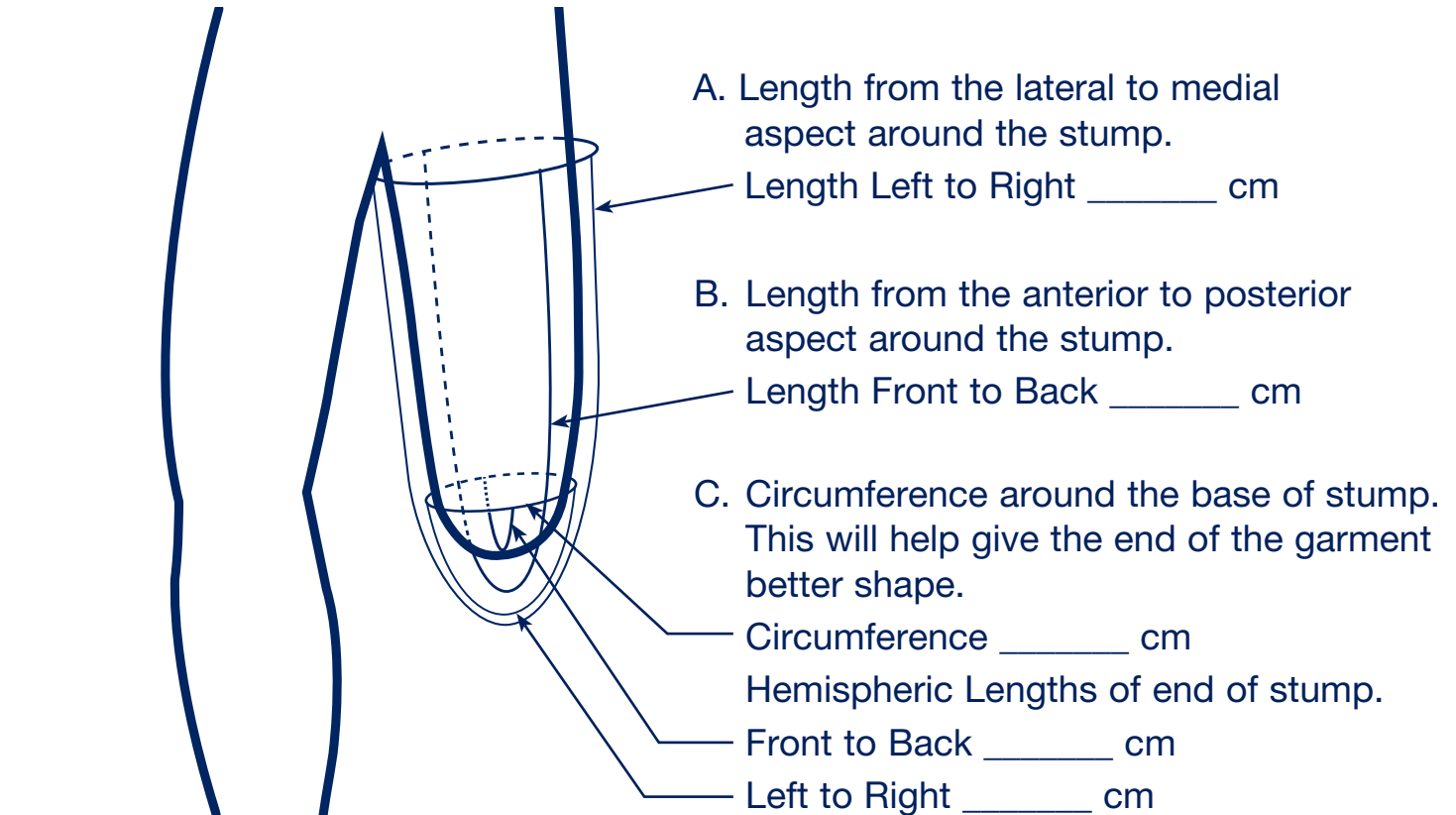


Patient Name / ID Code or File # _____ DOB _____ Date _____

Address _____ Gender M F

City/State/Zip _____



With plate



Without plate

Position
Only

- Include lengths from whichever landmarks are applicable.
- Include a tracing of the end of the stump to show any abnormal protrusions.
 - Tracing must contain 1" x 1" scale for reference.
- Pictures are very helpful: front, side, back.
- Please have fitter call Elvarex Customer Service Team before measuring if assistance is needed: 1-800-221-7573, option 3.