



# Limbs for Life (LFL) – Component Request Form

DATE: \_\_\_\_\_

Clinic: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Email: \_\_\_\_\_

Prosthetist: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_

LFL applicant? Yes \_\_\_ No \_\_\_

**Patient Information**

Patient Name: \_\_\_\_\_ Weight: \_\_\_\_\_ K-level: \_\_\_\_\_

Circle type(s) of amputation: Left Below Knee Left Above Knee Right Below Knee Right Above Knee

**Measurements Required** \_\_\_\_\_ IT or PTB⇒floor (no shoe) \_\_\_\_\_ IT or PTB⇒end of residual limb [IT = AK only; PTB = BK only]

**Circumference** \_\_\_\_\_ @ 4cm from distal end or @ largest part \_\_\_\_\_ @ 6cm from distal end

For BK only: \_\_\_\_\_ @ knee \_\_\_\_\_ @ 10 cm above knee For AK only: \_\_\_\_\_ knee center to floor \_\_\_\_\_ IT to knee center

**Preferred suspension type:** \_\_\_\_\_

**NOTE: Textile products are new and/or unused. All other components are gently used.**

For LFL Use	<b>✓ Check or circle all items requested (include sizes)</b>					
	<b>Foot</b>	L or R	Size _____ (cm)	Impact Level: Low:	Medium:	High:
	Preferred Foot Type Choice(s):					
	<b>Knee</b>	<b>✓ Check all that apply</b>				*limited availability
	Manual Lock	_____	Polycentric	_____	Hydraulic	_____
	Single Axis	_____	Pneumatic	_____	Microprocessor*	_____
	<b>Ohio Willow Wood &amp; ALPS cushion &amp; locking liners (6mm) are available. Others limited to brand/size/quantity in stock</b>					
	<b>Liner</b> (2 per limb)	Type: Cushion	_____	Locking	_____	Circle Size: S M M+ L L+ XL
	Are you willing to accept brand substitutions? <b>Yes No</b>					
	Other preferences:					
	<b>Sleeve</b>	AK / BK	Size(s): _____	Is this for suction suspension?	YES	NO
	<b>Shrinker</b>	AK / BK	Size(s): _____	With belt ?	YES	NO
	<b>Socks</b>	Size: _____	Length: _____	Wool?	Yes / No	
	Ply	1-2 ply	3 ply	5 ply	Specify other Ply / Qty	_____
	Qty of each	_____	_____	_____		
	<b>Other Textiles:</b>					
	<b>State quantity, circle all that apply</b>					
	<b>Adapters, Hardware</b>					
	_____ Male Pyramid/4 hole adapter	_____ Female /4 hole Adapter	_____ KISS/Lanyard Adapter	_____ Lamination/Grace Plate		
	_____ Pin	_____ Tube Clamp	_____ Lock	_____ Pylon	<b>Heavy Duty Componentry Required?</b>	YES
	Other:					

**LFL will provide comparable substitutions if item requested is not available**