



Limbs for Life (LFL) – Component Request Form

DATE: _____

Clinic: _____
 Address: _____
 Email: _____

Prosthetist: _____
 Phone: _____
 Cell: _____
 Fax: _____

Current LFL applicant? Yes ___ No ___

PATIENT INFORMATION

Name: _____ Weight: _____ K-level: _____ Skin tone: _____

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

LFL will provide comparable substitutions if item requested is not available