



## COMPONENT REQUEST FORM

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

Clinic: \_\_\_\_\_ Prosthetist: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Approved LFL Applicant? \_\_\_\_\_ YES \_\_\_\_\_ NO If Yes, Client DOB: \_\_\_\_\_

### PATIENT INFORMATION – Please include measurements:

Name: \_\_\_\_\_ Weight: \_\_\_\_\_ K-Level: \_\_\_\_\_ Skin Tone: \_\_\_\_\_

Amputation Level (circle): 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

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

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

Preferred Suspension Type: \_\_\_\_\_

#### Check or Circle All Items Requested – PLEASE INCLUDE SIZES OF ALL ITEMS NEEDED

*If we do not have what is requested, we will send the next closest item*

**NOTE: Textile Products are new and/or unused. All other componentry is new or gently used**

<b>FOOT:</b> L or R Size (cm): _____ <b>Impact Level:</b> Low Medium High	<b>SOCKS:</b> Size: _____ Length: _____ <i>Specify Ply and Quantity below:</i>
<i>Preferred foot type choice(s):</i> _____	1-2 Ply      3 Ply      5 Ply Qty: _____ Qty: _____ Qty: _____
<b>KNEE:</b> _____ <i>*Limited availability</i> Manual Lock _____ Polycentric _____ Hydraulic _____ Single Axis _____ Pneumatic _____ Microprocessor* _____	<b>Other Textiles:</b> _____
<b>LINER: (2 per limb)</b> Cushion _____ Locking _____ <b>Circle Size:</b> S M M+ L L+ XL	<b>ADAPTERS/HARDWARE: (Include Quantity)</b> Male Pyramid/4-hole Adapter: _____ Female Pyramid/4-hole Adapter: _____ KISS/Lanyard Adapter: _____
<i>Brand Preference:</i> _____	Lamination/Grace Plate: _____
<i>Will you accept brand substitutions?</i> YES NO	Pin: _____
<b>SLEEVE:</b> AK / BK Size(s): _____ Is this for suction suspension: YES NO	Tube Clamp: _____ Lock: _____
<b>SHRINKER:</b> AK / BK Size(s): _____ With belt? YES NO	Pylon: _____ Other: _____

Complete and return by email: [admin@limbsforlife.org](mailto:admin@limbsforlife.org) or fax: 405-843-5123  
 Limbs for Life Foundation: 9606 N. May Ave. Oklahoma City, OK 73120; 888-235-5462