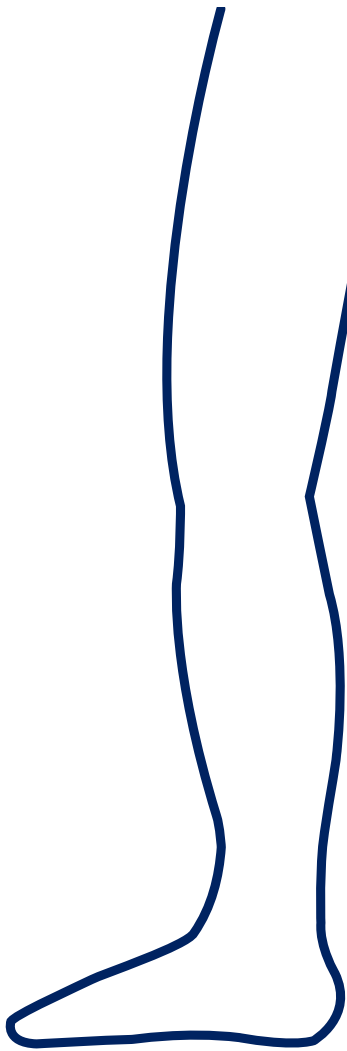


Patient Name / ID Code or File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Gender M  F   
 City/Province/Postal Code \_\_\_\_\_



A. Length from the lateral to medial aspect around the stump.

Length Left to Right \_\_\_\_\_ cm

B. Length from the anterior to posterior aspect around the stump.

Length Front to Back \_\_\_\_\_ cm

C. Circumference around the base of stump. This will help give the end of the garment better shape.

Circumference \_\_\_\_\_ cm

Hemispheric Lengths of end of stump.

Front to Back \_\_\_\_\_ cm

Left to Right \_\_\_\_\_ cm



With plate



Without plate

- 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.