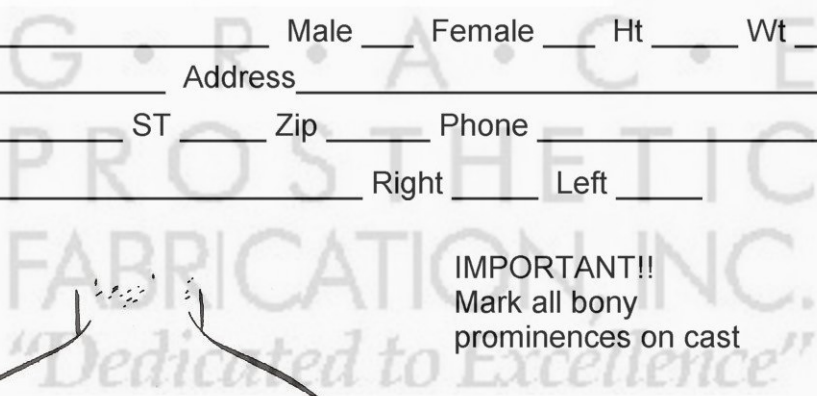
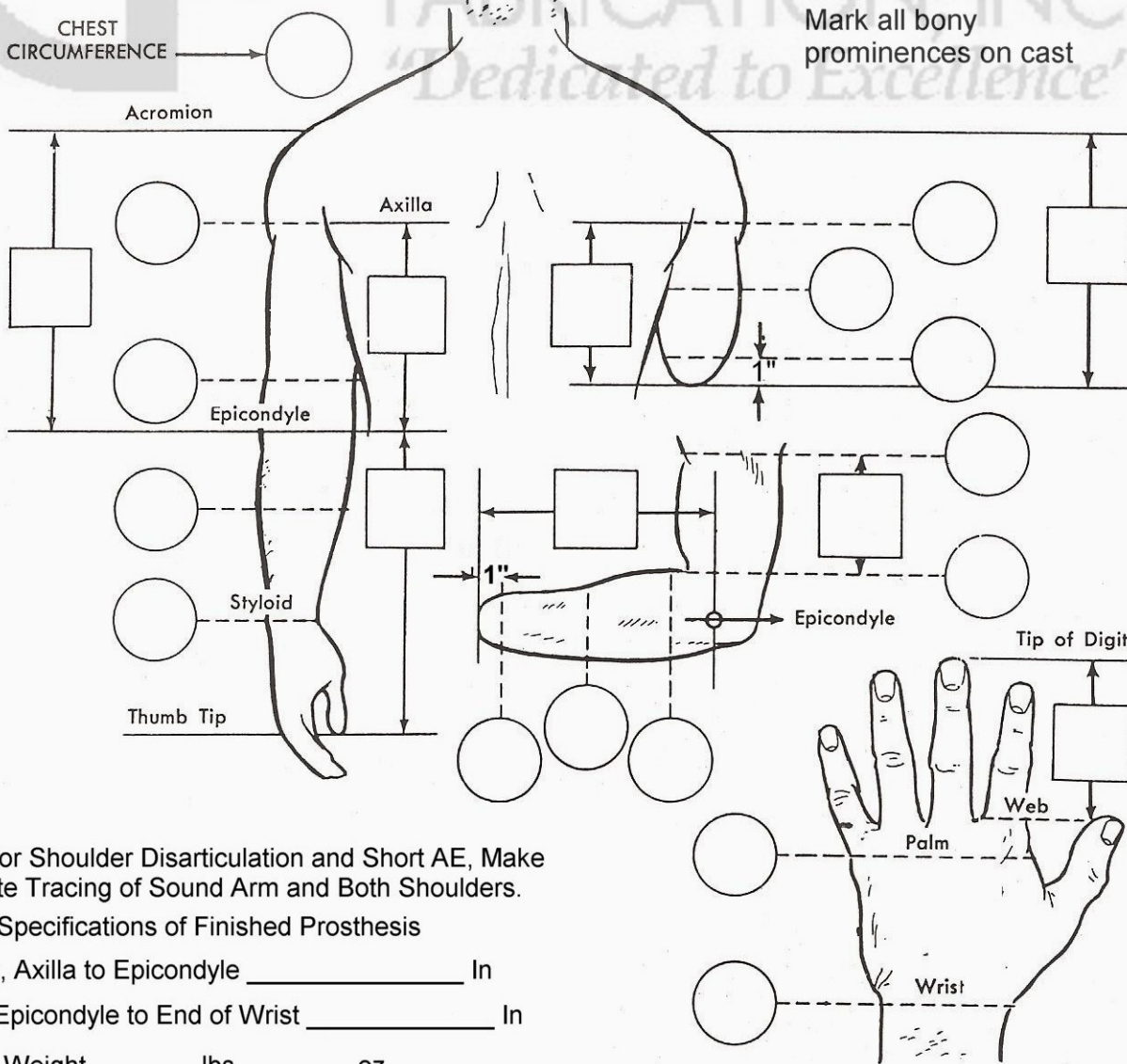


UPPER EXTREMITY PROSTHETIC MEASUREMENTS

Patient Name _____ Male ___ Female ___ Ht _____ Wt _____
 Facility _____ Address _____
 City _____ ST _____ Zip _____ Phone _____
 Prosthesis Type _____ Right ___ Left ___
 Patient's Age _____



IMPORTANT!!
Mark all bony prominences on cast



Note: For Shoulder Disarticulation and Short AE, Make Complete Tracing of Sound Arm and Both Shoulders.

Specifications of Finished Prosthesis

Length, Axilla to Epicondyle _____ In
 Length, Epicondyle to End of Wrist _____ In
 Weight _____ lbs _____ oz

Length, Cable to Hook Adaptor _____ In
 Special Features: _____

Standard Weight _____ Heavy Duty _____
 Size of Hand _____
 Cosmetic Glove _____ Shade # _____
 Limb Color: Caucasian _____ Negroid _____
 Lt Brown _____ Med Brown _____ Dk Brown _____
 Special Modifications: _____