

# CJ socket Transfemoral Sail Measurement Form

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Company Name: \_\_\_\_\_

Prosthetist Name: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Billing Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Internal use only

Serial #: \_\_\_\_\_

Date in: \_\_\_\_\_

Date out: \_\_\_\_\_

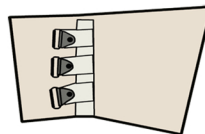
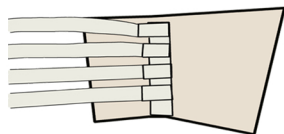
TFB: \_\_\_\_\_

Shipping:  Priority Mail 2-3 Day (Standard)  Next Day  Other: \_\_\_\_\_

Patient Height: \_\_\_\_\_ Patient Weight: \_\_\_\_\_ K Level: 1 2 3 4

Material Color:  Coyote (brown)  Heavy duty fabric (black only)

Closure  
Options:



- 1:1 Velcro attached to batten  2:1 Loops attached to batten  1" Pressure Buckles With Dacron Strap (No Velcro)

Other  
Options:

- Thumb Loop At End Of Strap  Dacron-backed Velcro Straps for 2:1 Loop Closure (HIH Straps)  
 Proximal Arc (For very conical limbs or flexion contractures of 15 degrees or more)  
 OPEN FLAP Design (No attachment holes medial side of Sail. Secured by selected closure)  
 No attachment holes needed  
 Dart sewn into Sail (for irregular shaped limbs) Dart measurements: (H"xW") \_\_\_\_\_

Special instructions: \_\_\_\_\_

Saill Measurements:  Inches  CM **All Measurements From Posterior Trim Lines**

