

CJ socket Transtibial Sail Measurement Form

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Company Name: _____

Prosthetist Name: _____

Purchase Order #: _____ Phone: _____

Email: _____

Internal use only

Shipping Address: _____

Serial #: _____

City: _____ State: _____ ZIP code: _____

Date in: _____

Billing Address (if different) _____

Date out: _____

City: _____ State: _____ ZIP code: _____

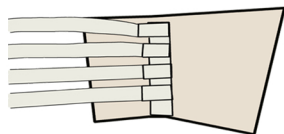
TFB: _____

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

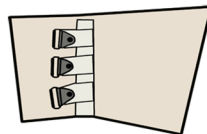
Patient Height: _____ Patient Weight: _____ K Level: 1 2 3 4

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 (Hook In Hand) Straps for 2:1 Loop Closure

OPEN FLAP Design (No attachment holes medial side of Sail. Secured by Closure selected above.)

No attachment holes needed (i.e. Replacement Sail for existing socket)

Dart sewn into Sail (for irregular shaped limbs) Dart measurements: (H"xW") _____

Special instructions: _____

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

