



# Lower Extremity 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: \_\_\_\_\_

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

Patient Height: \_\_\_\_\_, Patient Weight: \_\_\_\_\_, Amputated Side: Left  Right

K Level: 1 2 3 4

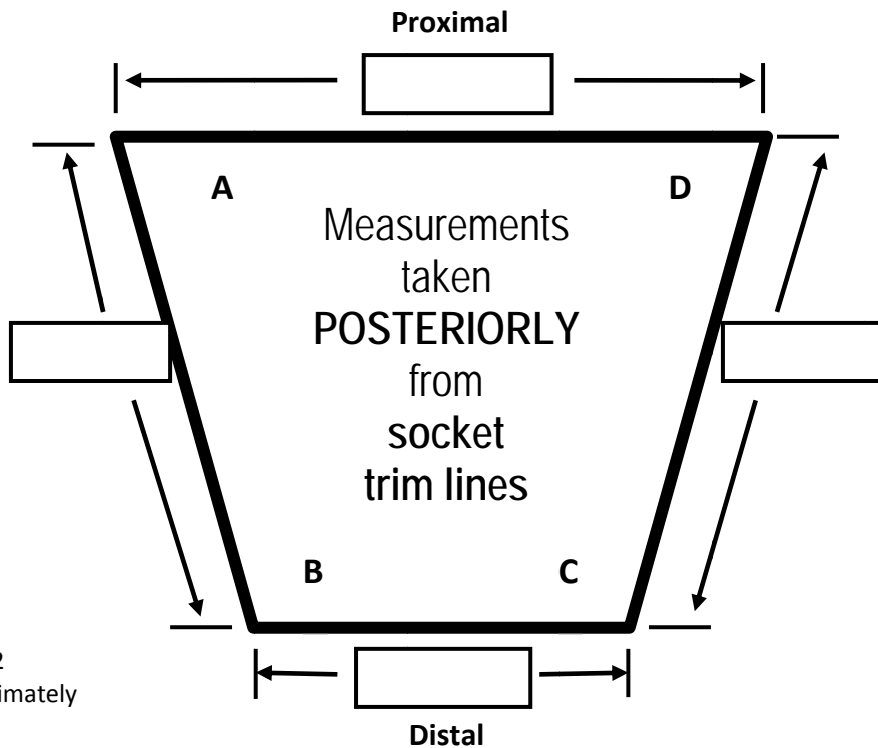
Material Color:  Black  Coyote (Brown)  Heavy Duty Fabric (Black Only)

Closure Options:  Standard (1:1) Closure, 1.5" Velcro Attached to Batten  
 (2:1) Closure, 1.5" Loops Attached to Batten. *(Customer supplies Velcro Straps)*  
 (2:1) Closure, 1" Loops Attached to Batten, 1" Pressure Buckles with Dacron Strap (No Velcro)

Other Options:  Proximal Arc (for very Conical or Flexed Residual Limbs, Degrees of Socket Flexion \_\_\_\_\_ (Required))  
 Darts Sewn into Sail (for Irregular Shaped Residual Limbs) Dart Location: \_\_\_\_\_  
 This is a Replacement Sail for existing socket, No Holes Needed

Special Instructions: \_\_\_\_\_

**Internal use only**  
Serial # \_\_\_\_\_  
Date in \_\_\_\_\_  
Date out \_\_\_\_\_  
TFB \_\_\_\_\_



Measurements is:  
 Inches  
 CM

Indicate:  
Medial or Lateral

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Medial or Lateral

Standard attachment hardware includes 8-32 Chicago screws approximately 2" on center.