

# LOWER EXTREMITY




**MOUNTAINVIEW  
PROSTHETICS** INC.

518-872-0374  
Fax 518-872-7107  
160 Witter Road Altamont, NY 12009

Company Name: _____ Company Address: _____ Phone: _____ Clinician: _____	Shipping Address: _____ _____ _____ P.O.# _____ Date Due: _____
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Patient Name: \_\_\_\_\_  
 Male or Female    Lt Rt Blat    Caucasian or Negroid (Other: \_\_\_\_\_)    Endo or Exo    K1 K2 K3 K4  
 Height: \_\_\_\_\_    Weight \_\_\_\_\_    Age \_\_\_\_\_    Occupation: \_\_\_\_\_

Flexion Cont: \_\_\_\_\_    Abduction Cont: \_\_\_\_\_  
 A-P \_\_\_\_\_    M-L \_\_\_\_\_  
 Pelvic Circ. \_\_\_\_\_  

 Troch. to Ant. Mid-Line \_\_\_\_\_  
 Ischial Tuber. to Floor \_\_\_\_\_  
 Femur Length \_\_\_\_\_  
 Stump Length \_\_\_\_\_

**TYPE OF SOCKET**

Plaster Cast Preparation  
 Plaster Cast Modification  
 Check Socket Only  
 Pull Over \_\_\_\_\_ Ply  
 Desired Plastic Thickness  
 1/8 5/32 3/16 1/4  
 Epox-Acryl  
 (Light Standard Heavy Duty)  
 Polypro 3/32 1/8 5/32 3/16

**INSTALLS**

Distal Attach  
 Valve Type: \_\_\_\_\_  
 Shuttle Lock Type: \_\_\_\_\_  
 Silesian Belt Waist Circ. \_\_\_\_\_  
 Add Windows

**LINER**

Pelite  
 Proflex  
 Proflex with Silicone  
 Polyethylene  
 Finished Thickness  
 3/32 1/8 5/32 3/16  
 Pull Over \_\_\_\_\_ Ply  
 Reduce by \_\_\_\_\_ Ply  
 Add Wedge

**DISTAL END PAD**

Add Distal Pad (1/2 Plastazote)  
 Other \_\_\_\_\_

**THIGH LACER**

Thigh Lacer Corset (Rough or Finish)  
 Thigh Lacer Install Joints  
 Type of Joints: \_\_\_\_\_  
 (I will send tracing)

**TRANSFER**


Endo or Exo Transfer  
 Transfer Hip Control

**FINISH**

Endo Foam Cover  
 Endo Flex Foot Foam Cover  
 Exo Shape and Hollow Out  
 Install Skin Pre-fab (1 Piece or Discontinuous)

**SETUP**

Setup Endoskeletal  
 Setup Exoskeletal  
 Setup on Alignment Device (provided by clinician)  
 Socket Placement:  
 Follow Alignment Lines  
 Inset/Outset \_\_\_\_\_ in/cm  
 Ant/Post \_\_\_\_\_ in/cm  
 Add/Abd \_\_\_\_\_ ° Flex/Ext \_\_\_\_\_ °



Knee Center \_\_\_\_\_  
 Tibial Plateau \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SPECIAL INSTRUCTIONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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