



9918 162nd St. Court E., Unit 1
 Puyallup, WA 98375
 (ph) 253-891-1976
 (fax) 253-891-1977

I.T.S. TRANSFEMORAL CAD MEASUREMENTS

Company Name: _____

Company Phone Number: _____

PO Number: _____

Patient : _____

PREFERRED DUE DATE _____

Check box that applies:

Side LEFT RIGHT

Suggested Brim Style: _____

Check box that applies:

Narrow ML Quad Strong ML Knee disartic

Please measure from Ischial Tuberosity in INCHES!!!

Length _____

LEVEL	CIRCUMFERENCE
-2	
-4	
-6	
-8	
-10	
-12	
-14	

All measurements must be included!!!!

Comments _____

