

Patient Name / ID Code or File # \_\_\_\_\_ DOB \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Gender M ☐ F ☐

City/Province/Postal Code \_\_\_\_\_

Document the measurements for the **stump limb only**

☐ Left ☐ Right

0 no tension  
+ light tension  
++ heavy tension

## Circumferences

Use Elvarex landmarks

## Lengths

Take lengths from end of stump. End of stump = 0

cG<sup>++/+</sup>

/G

cF<sup>++</sup>

/F

cE<sup>+</sup>

/E

cD<sup>+/0</sup>

/D

cC<sup>++</sup>

/C

cB1<sup>++</sup>

/B1

cB<sup>+</sup>

/B

cY0

/A (medial)

cA<sup>++</sup>

/A (lateral)

/Z

☐ With plate

☐ Without plate

## Circumference around the base of stump

This will help give the end of the garment better shape.

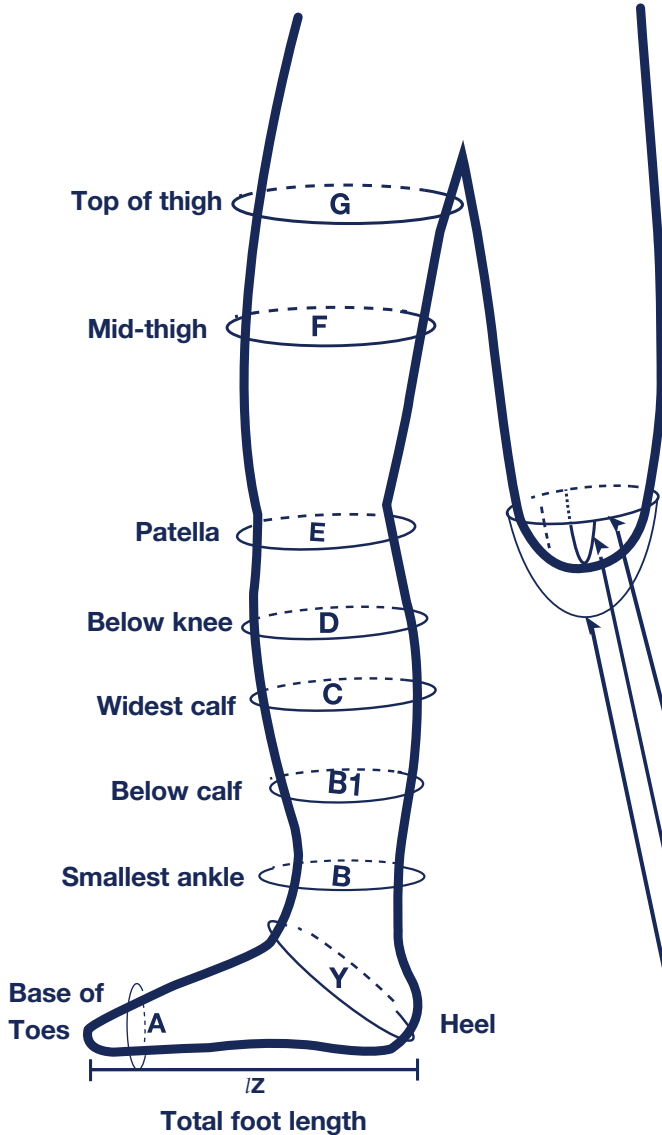
\_\_\_\_\_ cm

## Hemispheric Lengths of end of stump

Taken from the base of stump circumference mark

Front to Back \_\_\_\_\_ cm

Left to Right \_\_\_\_\_ cm



The illustration above is an example of where a stump garment might end. Measure all landmark circumferences and lengths until the end of your patient's limb. Document the measurements for the **stump limb only**. Measurements for the full limb should be documented on Elvarex Lower Extremity order form (50333). If a stump garment is needed for both legs, please complete two stump order forms (this form).

### ADDITIONAL INFORMATION:

- Include a tracing of the end of the stump to show any abnormal protrusions.  
-Tracing must contain 1" x 1" scale for reference.
- Pictures are very helpful: front, side, back.
- Please have fitter call Elvarex Customer Service Team before measuring if assistance is needed:  
1-800-221-7573, option 3.

**CAUTION:** This product contains natural rubber latex which may cause allergic reactions.

\* Design Pressure

\*\* If measuring is done in lying position,

cA please apply 0 tension

\*\*\* If silicone band & straight ending