AK MEASUREMENT FORM

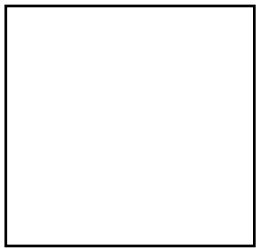
COMPANY NAME:_____ DUE DATE:_____

PATIENT NAME: _____ PO#_____

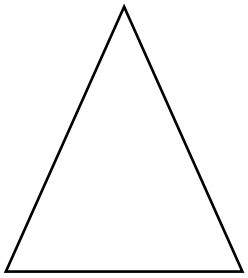
RIGHT____ / LEFT____ CARVING ____ CHECK SOCKET____ ORFITRANS STIFF SOCKET_____

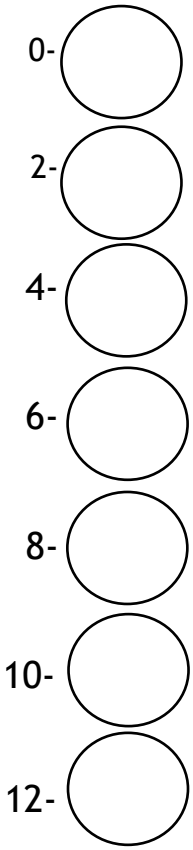
POLYPROPYLENE SOCKET ____ LAMINATION/COLOR ____/_____

IT ⟶ DISTAL END



M/L





ADDITIONAL MEASUREMENT INFORMATION:

FABRICATION NOTES: _____

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