

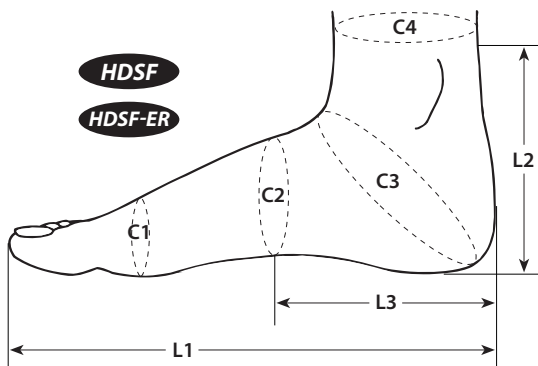
PARTIAL FOOT

Off-The-Shelf (OTS) Cosmetic Covers

Models HDSF/HDSF-ER

Patient Intake Form

Patient Name: _____ Date: _____ Color: _____



C = Circumference
L = Length

Enter Patient's Measurements Here:

"R" (RESIDUAL) "S" (SOUND)	SIZE	SIDE	FOOT (mm)						
			C1	C2	C3	C4	L1	L2	L3
		LEFT							
		RIGHT							

HDSF / HDSF-ER		FOOT (mm)						
SIZE	SIDE	C1	C2	C3	C4	L1	L2	L3
18cm <small>(PAGE 55)</small>	LEFT	178	180	238	180	180	83	75
	RIGHT	180	184	238	180	180	83	75
19cm <small>(PAGE 56)</small>	LEFT	188	200	259	188	190	85	80
	RIGHT	188	195	259	180	190	85	80
20cm <small>(PAGE 57)</small>	LEFT	188	207	270	203	200	83	85
	RIGHT	188	205	268	200	200	83	85
22cm <small>(PAGE 58)</small>	LEFT	212	222	285	195	220	100	93
	RIGHT	212	222	288	195	220	100	93
23cm <small>(PAGE 59)</small>	LEFT	217	215	300	205	230	100	103
	RIGHT	208	216	302	205	230	100	103
23.5cm <small>(PAGE 60)</small>	LEFT	220	227	315	213	235	115	115
	RIGHT	220	232	318	215	235	115	110
24cm <small>(PAGE 61)</small>	LEFT	240	235	320	214	240	115	113
	RIGHT	242	233	320	215	240	115	113
25cm <small>(PAGE 62)</small>	LEFT	240	238	338	225	250	115	115
	RIGHT	238	240	335	225	250	115	115
26cm <small>(PAGE 63)</small>	LEFT	235	243	330	215	260	125	115
	RIGHT	240	245	340	224	260	125	123
27cm <small>(PAGE 64)</small>	LEFT	240	248	350	228	270	125	123
	RIGHT	240	247	350	225	270	125	125
28cm <small>(PAGE 65)</small>	LEFT	248	257	360	238	280	125	126
	RIGHT	246	255	365	243	280	125	132

