

Amputee Stump Shrinker Order Form

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Order Details

Patient details

Name: _____
Date of Birth: _____
NHI: _____
Address: _____

Current location: _____

Referrer details

Date: _____
Measured by: _____
Phone: _____
Email: _____
Location to send items: _____

Note: An Amputee Referral Form must have been completed and sent to Peke Waihanga prior to the supply of a stump shrinker

Above Knee Amputation - Record measurements in cm below

a) Length from distal end to groin

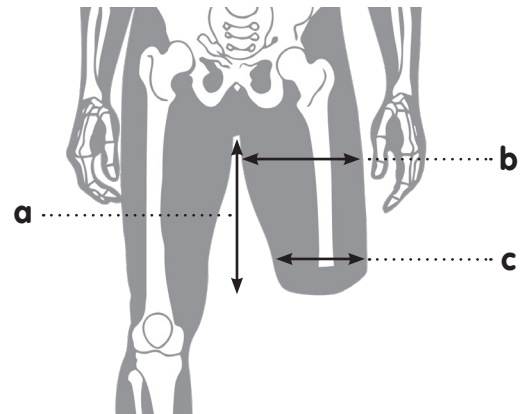
Length _____ cm

b) Circumference at widest part of thigh

Circ _____ cm

c) Circumference 5cm from distal end

Circ _____ cm



Note: Number required = 2

Below Knee Amputation - Record measurements in cm below

a) Length from distal end to mid-thigh

Length _____ cm

b) Circumference at mid-thigh

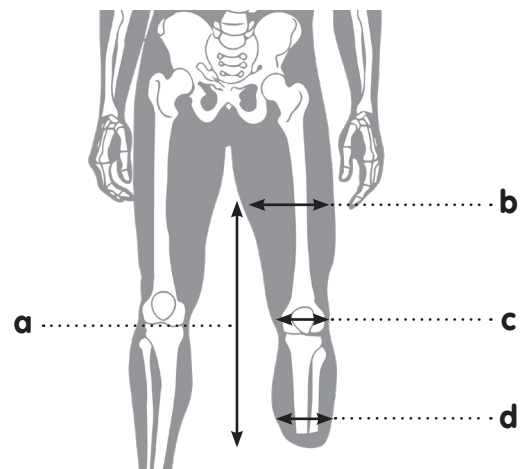
Circ _____ cm

c) Circumference at mid-patella

Circ _____ cm

d) Circumference 5cm from distal end

Circ _____ cm



Note: Number required = 2

Please fill in all details and email your completed form to one of our centres:

auckland@nzals.co.nz
hamilton@nzals.co.nz

tauranga@nzals.co.nz
wellington@nzals.co.nz

christchurch@nzals.co.nz
dunedin@nzals.co.nz