

### amputee stump shrinker order form

#### order details

##### Patient's details

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

NHI \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

##### Referrer's details

Date \_\_\_\_\_

Measured by \_\_\_\_\_

Phone number \_\_\_\_\_

Email \_\_\_\_\_

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

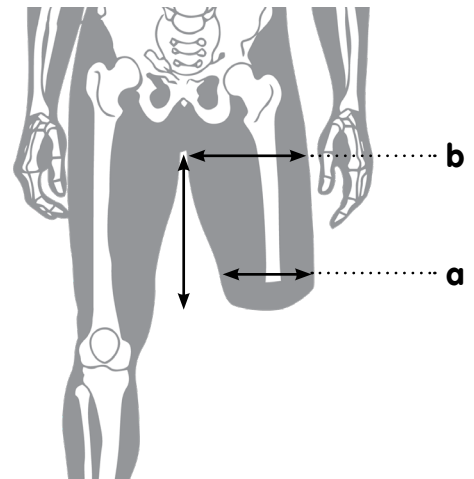
#### above knee amputation

##### Record measurements in cm below

Length from distal end to groin \_\_\_\_\_ cm

a) Circumference 5cm from distal end \_\_\_\_\_ cm

b) Circumference at widest part of thigh \_\_\_\_\_ cm



**Note:** Number required = 2

#### below knee amputation

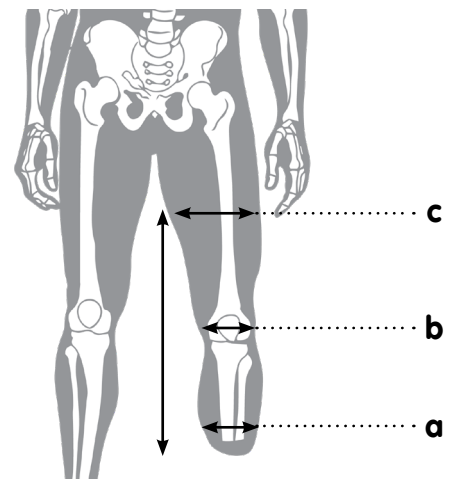
##### Record measurements in cm below

Length from distal end to mid-thigh \_\_\_\_\_ cm

a) Circumference 5cm from distal end \_\_\_\_\_ cm

b) Circumference at mid-patella \_\_\_\_\_ cm

c) Circumference at mid-thigh \_\_\_\_\_ cm



**Note:** Number required = 2