Advanced O & P SOLUTIONS
8647 W. 95th Street • Hickory Hills, IL 60457 • (T) 866.914.AOPS (2677) • (T) 708.237.4099 • (F) 708.598.2857

CAD Measurement Chart

PATIENT INFORMATION

Casting Date: _____ **Due Date:** _____ Account #: _____ P.O. #: _____

Patient Name: _____ Facility: _____ Practitioner: _____

Patient ID#: _____ Bill To: _____ Ship To: _____

Sex: ☐ M ☐ F **Amputation Type:** ☐ Left ☐ Right _____ _____

Age: _____ Height: _____ Weight: _____ _____ ☐ Ground ☐ 2 Day ☐ Next Day

ORDER DESCRIPTION

① Device Measurements & Details ☐ Inches ☐ mm

AK: _____
3S Size: _____
Others: _____

☐ Measurements Taken Over Liner
Liner Type: _____

L-A-P: _____
M-A-P: _____
Soft M-L at 1" Level: _____

I.T. to:
Distal Tip of Sleeve Nipple: _____
With Elongation: _____
Distal End of Residual Limb: _____
Distal End of Femur: _____

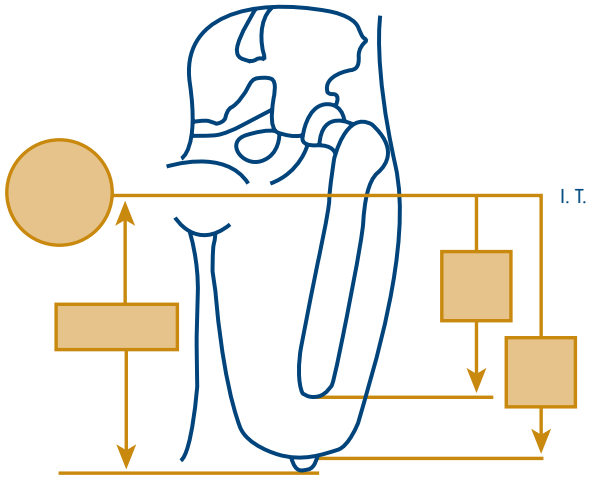
Circumference at I.T.: _____

Circumference at:

1"	_____	7"	_____
2"	_____	8"	_____
3"	_____	9"	_____
4"	_____	10"	_____
5"	_____	11"	_____
6"	_____	12"	_____

General Musculature: ☐ Soft ☐ Medium ☐ Firm
Brim Shape: ☐ Mild Cont. ☐ Medium Cont. ☐ High Cont.
☐ Medial Seat ☐ MAS ☐ KD

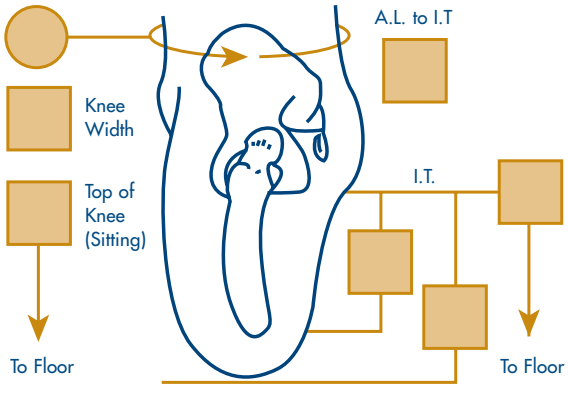
Socket Flexion: _____ °
Socket Add: _____ °

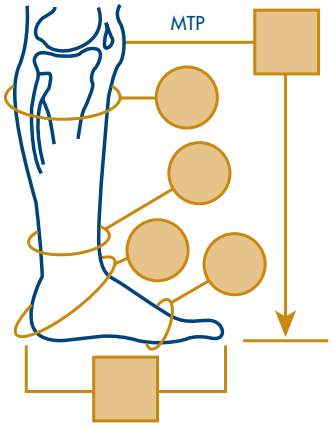


Please draw patients residual limb on diagram.

② Prosthetic Measurements

Socket: _____
Suspension: _____



Knee: _____
Foot: _____

Components:
_____
_____
_____
_____
_____
_____
_____
_____