

Formula Fit Custom Order Form



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Company

Account No.

Address Line 1

Address Line 2

City, State, Zip

Practitioner

Phone

Email

Purchase Order

Patient Information

Amputation Level

Patient Height

Patient ID

Patient Weight

Patient Age

Selection Chart

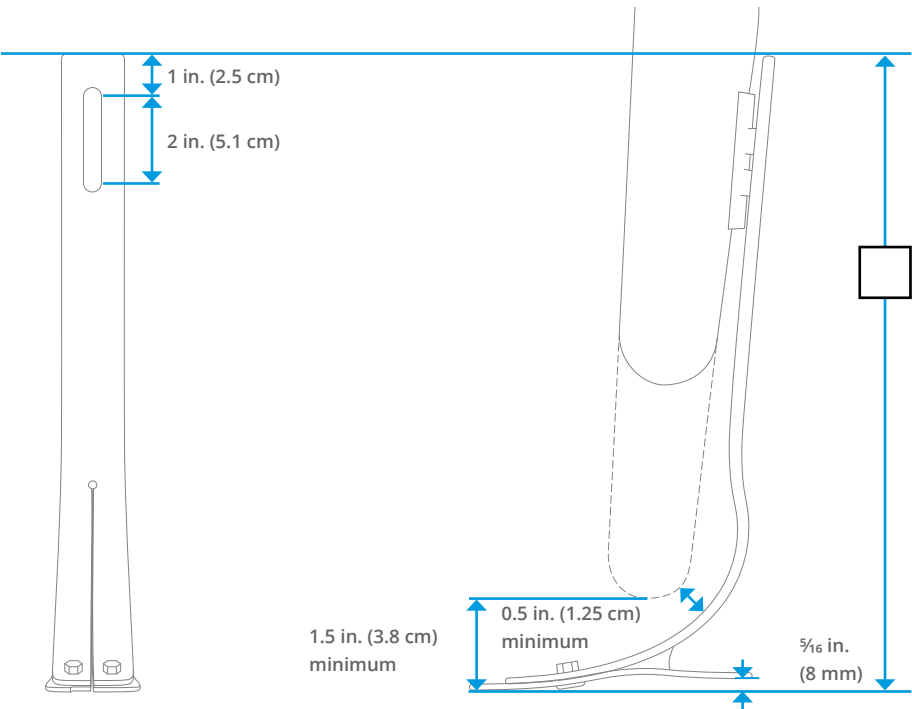
Pediatric Posterior Mounting Bracket Included (180-10-3000). Foot shell sold separately.

178-130-XC-XX Formula Fit with Custom Pylon

Patient Weight		24 cm	25 cm	26 cm	27 cm	28 cm
70 – 95 lbs.	32 – 43 kg	AC-24	AC-25	AC-26	AC-27	AC-28
95 – 120 lbs.	43 – 54 kg	BC-24	BC-25	BC-26	BC-27	BC-28
120 – 145 lbs.	54 – 66 kg	CC-24	CC-25	CC-26	CC-27	CC-28
145 – 176 lbs.	66 – 80 kg	DC-24	DC-25	DC-26	DC-27	DC-28

Ordering Information

Formula Fit Part Number



Custom Pylon Length

Measure the maximum height to avoid popliteal impingement in full flexion. (Normally this will be the posterior trim line.)

Must be 9.5 – 16.5 in. (24 – 42 cm)

Additional Instructions