

DATE:.....

E & E
ACCESSORIES
LIMITED

ORDER NO:.....

BESPOKE SOFT SUSPENSION
MEASUREMENT CHART

PLEASE FILL IN BLOCK CAPITALS

COMPANY NAME:.....
PATIENTS FIRST NAME:.....
PATIENTS SURNAME:.....

CENTRE:.....
DSA REF NO.:.....

ADULT

PLEASE TICK BOX

CHILD

TYPE OF SUSPENSION

NEOPRENE

SOFT ELASTIC

RIGHT LIMB

BILATERAL

LEFT LIMB

VELCRO STRAP

VELCRO LAP

WAIST MEASUREMENT

**PLEASE COMPLETE THE
APPROPRIATE BOXES.**

**ALL MEASUREMENTS TO
BE IN CM'S PLEASE.**

Length to top
of suspension

Length to top
of suspension

Circumference
Top of socket

Circumference
Top of socket

Length of
neoprene
sleeve

Circumference
Bottom of socket

Circumference
Bottom of socket

Length of
neoprene
sleeve

VIEW FROM
FRONT PATIENTS
RIGHT LIMB

VIEW FROM
FRONT PATIENTS
LEFT LIMB