

PRESCRIBER			
Company		Prosthetist Name / Surname	
Shipping address		Prosthetist phone number	
		Prosthetist e-mail	
Billing address			

Same as shipping address

PATIENT & ORDER INFORMATION			
Purchase Order n°:	_____	Patient Name / Code:	_____
Uses prostheses since:	_____ years	Weight:	_____ kg
		Birth year:	_____
Amputation Level:	<input type="checkbox"/> AD <input type="checkbox"/> BK <input type="checkbox"/> KD <input type="checkbox"/> AK	Activity Level:	<input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/> K3 <input type="checkbox"/> K4
		Amputation side:	<input type="checkbox"/> L <input type="checkbox"/> R

?	WHY IS A YOUR™ LINER IS NEEDED
	<p>Patient indications / problems to solve</p> <p><input type="checkbox"/> Recurring injuri(es) <input type="checkbox"/> Sensitive zone(s) <input type="checkbox"/> Bony stump</p> <p><input type="checkbox"/> Short stump <input type="checkbox"/> Long stump <input type="checkbox"/> Congenital</p> <p><input type="checkbox"/> Conical stump <input type="checkbox"/> Volume fluctuations <input type="checkbox"/> Atypical shape</p> <p><input type="checkbox"/> Compensations required for socket entry <input type="checkbox"/> Invaginations / scars</p> <p><input type="checkbox"/> Problematic knee flexion (posterior pinch / high pressure on patella)</p> <p>Other: _____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Prosthesis type</p> <p>Former liner: _____</p> <p>Specificities of envisioned socket (boa, modular socket, distal cup, loading areas, etc.): _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

	MEASUREMENTS	(see p. 14)
	Take height measurements following the anterior curve of the limb (not projected).	
#	<ul style="list-style-type: none"> • 5 measurements are usually enough (min 3) • Min 4cm between each measurement 	
	Height from distal end [cm]	Perimeter, Tight [cm] Perimeter, Loose [cm]
	Last drawn measurement line indicates desired length of liner.	Liner length should be at least: _____ cm

SUSPENSION			(see p. 29)
<input type="checkbox"/> CUSHION Sleeve suspension Optional (charged extra - see T&Cs) Proximal seals: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes ↘ Proximal seals location: Lowest seal: _____ cm Highest seal: _____ cm Number of seals : _____ <small>(Measured from distal end)</small>	<input type="checkbox"/> SUCTION For all suction liners, please fill in ↘ Suction lines location: Lowest line: _____ cm Highest line: _____ cm Number of lines : _____ <small>(Measured from distal end)</small>	<input type="checkbox"/> PIN-LOCK Pin-lock thread: <input type="checkbox"/> M6 <input type="checkbox"/> M10 Optional (charged extra - see T&Cs) Anti-rotation lines: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes ↘ Anti-rotation lines location: Lowest line: _____ cm Highest line: _____ cm Number of lines : _____ <small>(Measured from distal end)</small>	

SHORE HARDNESS & GEOMETRICAL FEATURES (see p. 15-25)



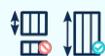
We always apply the **Your™ Liner default thickness profile** (which varies depending on the hardness and amputation height) (see p. 18-25)



Draw zones on the stump to add cushioning pads on top of the default thickness profile. Write a number in the zone (ZONE ID N°), and fill the table below to tell us which thickness you want.



Drawing zones is optional. If you leave the lines below empty, we apply the Your™ Liner default thickness profile all along the stump.



For each zone, the thickness instructions below **must represent total desired thickness**, not the thickness to add on top of the default thickness profile. E.g. if you want to have 3mm more in distal than a standard BK liner which is 14mm, ask for 17mm, not 3mm.

Silicone hardness: Relax (Sh A0) Active (Sh A5) Dynamic (Sh A10) (see p. 16)

ZONE ID N°	Tissue type	Thickness [mm] <small>⚠ Write total thickness, not what to add on top of default thickness profile ⚠</small>	Why / Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			

For AD/BK: desired pre-flexion: _____° ⚠ max 15° for pin-lock ; max 35° for cushion / suction ⚠ scan stump with desired flexion angle

I want to validate the 3D model before printing (+3d lead time) Yes No

PICTURES (see p. 26)	SCANS (see p. 27)
Take 4 pictures (Anterior/Posterior/Medial/Lateral)	If scanning a cast: reduction you applied on positive model: _____%

TEXTILE STYLE (see p. 30)

<input type="checkbox"/> YOUR™ LINER Your™ Liner logo & style	<input type="checkbox"/> BRANDED FOR MY COMPANY My company's logo & style	<input type="checkbox"/> CUSTOM Style defined / chosen by the patient
Textile colour: <input type="checkbox"/> Light Blue <input type="checkbox"/> Light Brown <input type="checkbox"/> White -OR- <input type="checkbox"/> Other colour: _____	<input type="checkbox"/> Use usual style for my company -OR- <input type="checkbox"/> Make a new style for my company <small>(send logo & explanations with the e-mail)</small>	<input type="checkbox"/> Custom patient design <small>(send picture / logo with the e-mail)</small> -OR- <input type="checkbox"/> Your™ Liner design code: _____

OTHER COMMENTS

Write / draw any final comments you may have here: instructions for 3D design, specific requests / points of attention, etc.

9. SEND <small>(see p. 31)</small>	Signature (=Validate Terms & Conditions) <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	To include in email (orders@motiontech.ch): 2 scans + 4 pictures + present form filled in <small>(You will receive a confirmation of receipt by e-mail)</small>
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