Peke Waihanga Artificial Limb Service

Please fill in all details and email to:

Auckland@nzals.co.nz Hamilton@nzals.co.nz Tauranga@nzals.co.nz Wellington@nzals.co.nz Christchurch@nzals.co.nz Dunedin@nzals.co.nz

amputee stump shrinker order form

order details

Patient's details	Referrer's details	
Name	Date	
Date of Birth	Measured by	
NHI	Phone number	
Address	Email	

Note: An Amputee Referral Form must have been completed and sent to Peke Waihanga - Artifical 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

b

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

c b

Note: Number required = 2