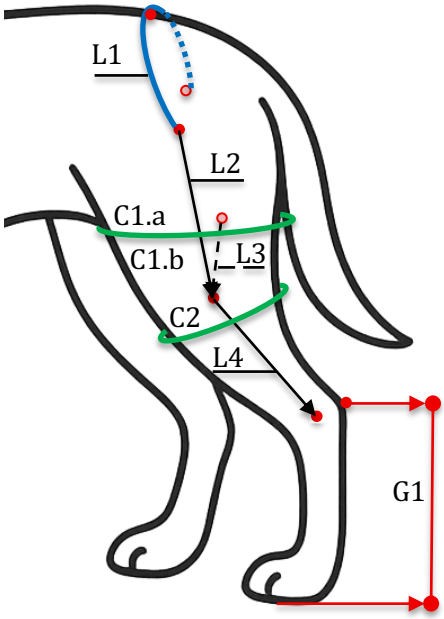
BELOW STIFLE PROSTHESIS MEASUREMENT FORM

Veterinary Clinic: _____ Veterinarian: _____

Patient Name: _____ Species/Breed: _____ Sex: _____ Age: _____

Weight (kg): _____ Limb: ☐ Left ☐ Right ☐ Both

Diagnosis / Indication: _____



Measure ID	Description	Left (cm)	Right (cm)
L1	Greater Trochanter → SI Joint → Greater Trochanter		
L2	Greater Trochanter → Fibular Head		
L3	Groin → Stifle Joint Center		
L4	Fibular Head → End of Limb		
G1	Calcaneus → Ground *(Unaffected Limb)*		
Residual Limb Circumferences			
C1.a	Femur		
C2	Proximal Tibia		
Unaffected Limb Circumferences			
C1.b	Femur		

Notes: