

TRANSFEMORAL SOCKET | ORDER DETAILS

CLINIC

DATE

PATIENT REF.

PATIENT WEIGHT

Kg

PURCHASE ORDER

ACTIVITY LEVEL

K1

K2

K3

K4

PROSTHETIST

NOTES

PHONE

STEP 1 | DESIGN & COLOR



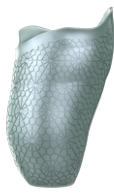
U



FLOW



DOTS



AMBRA



HERRINGBONE



GALAXY



FLORAL



RIVET



CIRCUIT



NEXT



ODISSEY *



ATLANTIS *

COLOR

Choose your *color* from catalog page 14

COLOR 1

COLOR 2 *

** Only applicable to designs 'Odyssey' (outer part) and 'Atlantis' (scales part)*

COAT

Choose coating (glossy or matt)

GLOSSY

MATT

STEP 2 | ADD YOUR EXTRAS

If you choose color or 3D image, our team will contact you for details



COLOR IMAGE

Ref: CE002



3D IMAGE

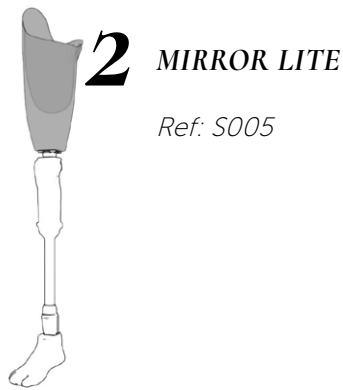
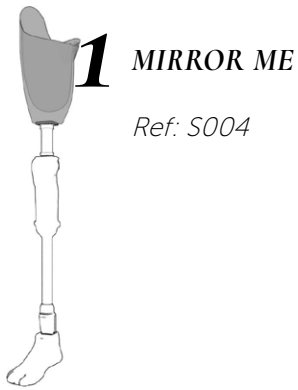
Ref: CE003



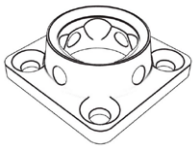
ACTIVITY TRACKER

Ref: SE010

STEP 3 | CHOOSE YOUR UNYQ SOCKET OPTION



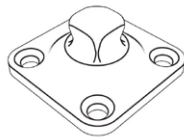
STEP 4 | DISTAL ADAPTERS



4 HOLE FEMALE ADAPTER
Titanium
Ref: SE001

Add it to the order

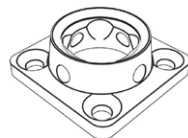
I have it!



4 HOLE MALE ADAPTER
Titanium
Ref: SE002

Add it to the order

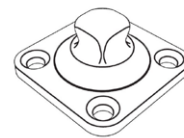
I have it!



4 HOLE ROTATABLE FEMALE ADAPTER - Titanium
Ref: SE003

Add it to the order

I have it!



4 HOLE ROTATABLE MALE ADAPTER - Titanium
Ref: SE004

Add it to the order

I have it!



YOUR ADAPTER

If you want to use a different adapter, send it to us and we'll integrate into our socket

STEP 5 | VALVES & LOCK SYSTEM



TRANSFEMORAL VALVE
Ref: SE006

Add it to the order

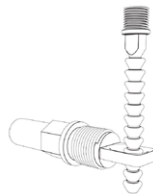
I have it!



SMOOTH LOCK SYSTEM
Ref: SE007

Add it to the order

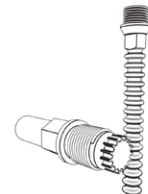
I have it!



RATCHET LOCK SYSTEM
Ref: SE008

Add it to the order

I have it!



CLUTCH LOCK SYSTEM
Ref: SE009

Add it to the order

I have it!



OTHER OPTIONS

If you use a different system, please contact us

STEP 6 | SCAN or SEND



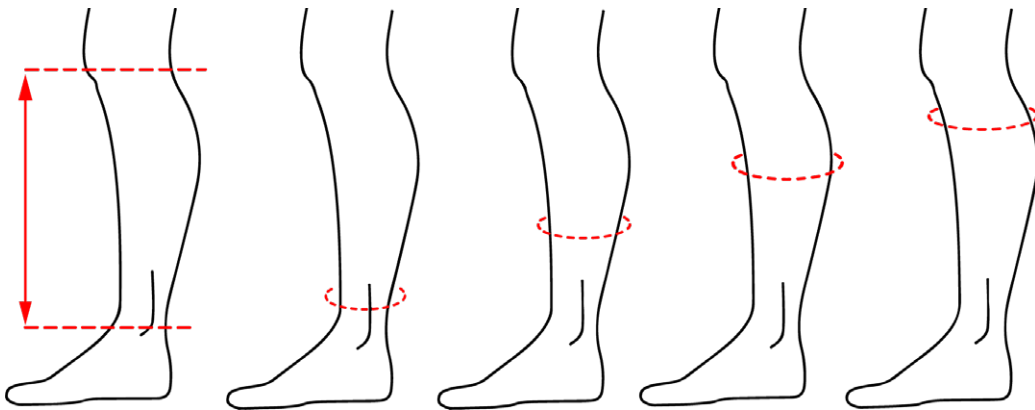
Scan the prosthesis and send the **.stl** file along with this form to **prosthetics@unyq.com**.



Send the scanner or prosthesis to our office. Contact us at **prosthetics@unyq.com** or **(+34) 954 043 699** for further details.

SCAN

5 MEASUREMENTS



LENGTH

Measure the length from the middle of the knee to the center of the ankle bone.

LOW CALF

Measure the circumference right above the ankle bone.

MID CALF

Measure the circumference halfway between the ankle bone and the middle of the knee.

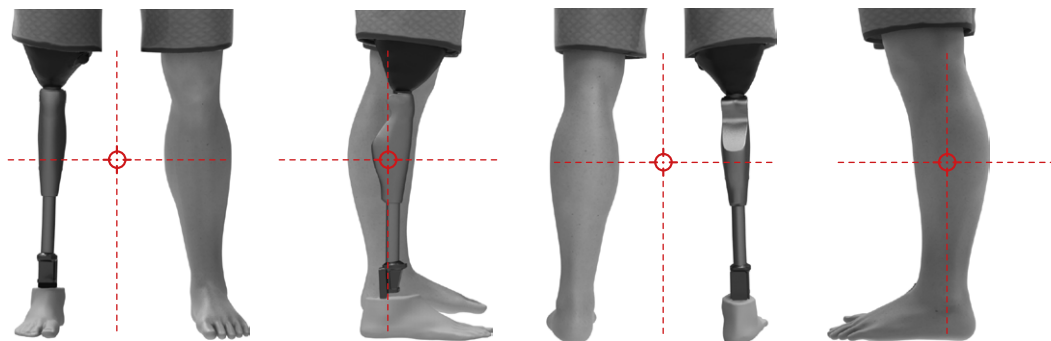
MAX CALF

Measure the circumference at the widest part of the calf.

TOP CALF

Measure the circumference halfway between the max calf and the middle of the knee.

4 PHOTOS



Take four general pictures: front, prosthesis side, back, and your sound leg side. Please read the following tips:

- Take off shoes and socks.
- Entire prosthesis should be visible.
- Take photos straight on, from a low angle.
- Legs should be centered in all photos.

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