

Fillauer AK-3S Prosthesis

Practitioner _____ Branch Name _____
 PO# _____ Date: _____ Ship Via: _____
 Address _____
 City _____ State _____ Zip _____

Fillauer LLC

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 Fax: 423.698.6076
 2710 Amnicola Highway
 Chattanooga, TN 37406



Patient Information

Patient's Name _____
 Age _____ Sex _____ Weight _____ Height _____
 Dx: _____
 Degree of Lordosis: 0° 15° 30° Other _____
 Right Left

Level Reduction

Level	Model Unmodified	Reduction Factor	Goal	Model Modified	Anatomical	Reduction Factor	Goal	Model Modified	Model Unmodified

Liner Reduction

Circumference	Level				
	0	2	4	6	8
23-25	1 7/8"	2 1/8"	2 1/2"	2 3/4"	2 1/2"
23-21	1 3/4"	2"	2 3/8"	2 5/8"	2 3/8"
21-19	1 5/8"	1 7/8"	2 1/4"	2 1/2"	2 1/4"
19-17	1 5/8"	1 7/8"	2 1/4"	2 1/2"	2 1/8"
17-15	1 1/2"	1 3/4"	2 1/4"	2 1/4"	2"
15-13	1 3/8"	1 5/8"	2 1/8"	2 1/8"	1 7/8"
13-11	1 1/4"	1 1/2"	1 7/8"	2"	1 3/4"
11-9	1 1/8"	1 3/8"	1 5/8"	1 7/8"	1 5/8"

Socket Reduction

Level	Reduce
-1"	-1"
-2"	-3/4"
-4"	-1/2"
-6"	-1/8"
-8"	0

Notes/Special Instructions

If model circumferences are 1/4" or more greater than anatomical circumferences, disregard anatomical measurements and calculate reductions from model measurements

