

Patient Name _____

Date _____

Area of RX- orientation _____

Patient I.D. _____

Wedge

- 7°
 12°
 17°
 23°
 CUSTOM

Head Piece

- Circular Cup
 Silvermans
 A
 B
 C
 D
 E
 F

Head Cup Location

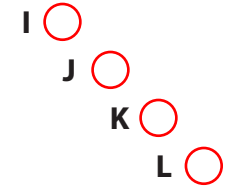
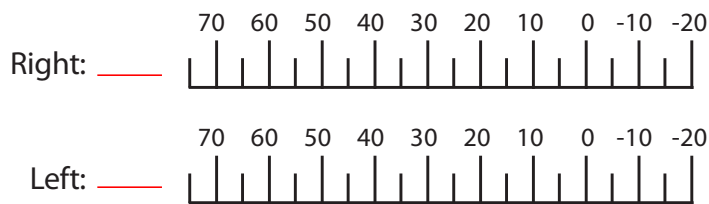
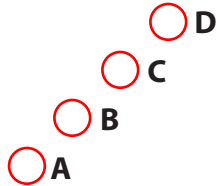
- 1
 2
 3
 4
 5
 6
 7
 8
 9

Clacking Plate

Right Post

ANGLE

Left Post



Clacking Arm Cup

Right Cup Position: A B C D E

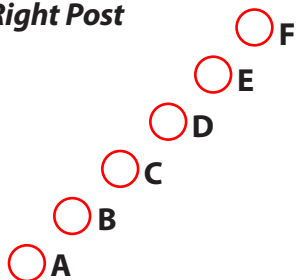
Right Height (1-12): _____

Left Cup Position: A B C D E

Left Height (1-12): _____

Hand Post

Right Post



O-Ring Grip Position

- 1 2 3

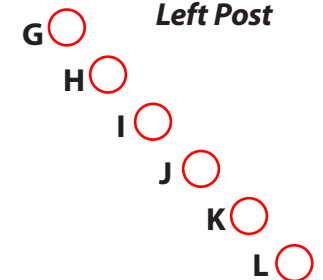
(Top to bottom)

O-Ring Grip Position

- 1 2 3

(Top to bottom)

Left Post



Back Stop Location

- M
 N
 O
 P
 Q
 R
 S
 T
 U
 V