

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

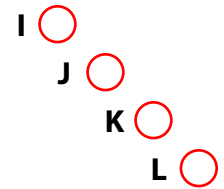
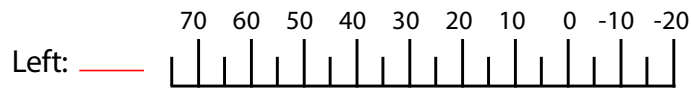
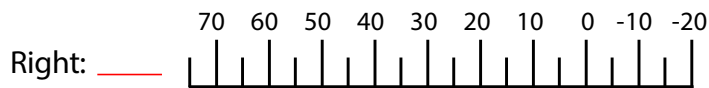
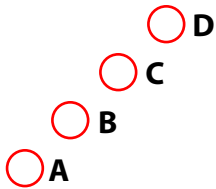
1   
 2   
 3   
 4   
 5   
 6   
 7   
 8   
 9

### Clocking Plate

Right Post

ANGLE

Left Post



### Clocking Arm Cup

Right Cup Position:  A     B     C     D     E

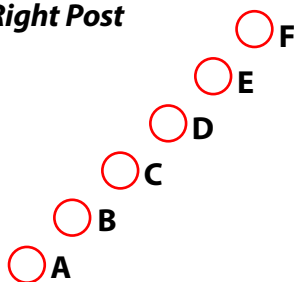
Right Height (1-12): \_\_\_\_\_

Left Cup Position:  A     B     C     D     E

Left Height (1-12): \_\_\_\_\_

### Hand Post

Right Post



O-Ring Grip Position

1     2     3

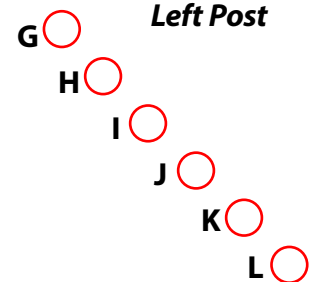
(Top to bottom)

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