

ARGO Measure Chart

Patient Details

Name:
 Male/Female:
 Date of Birth:
 Reference No:
 Weight:
 Height:
 Level of Lesion:
 Type of Lesion:

Measurement Centre

Name:
 Address:
 Date:
 Taken by:
 Signed:

Fitting Details

Cast date:
 Shoe Type:
 Heel Height:
 Cast date:
 Fitting Date:
 Serial No.:
 Date Delivered:
 Date Discharged:

Ordering Details

ARGO Type:
 Kit No.:
 Back tube:
 Drive Cable:
 Knee Cable (If Required):

Notes



