Transtibial Diagnostic Socket Work Order Form

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WAMHOFF MOBILITY LAB

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

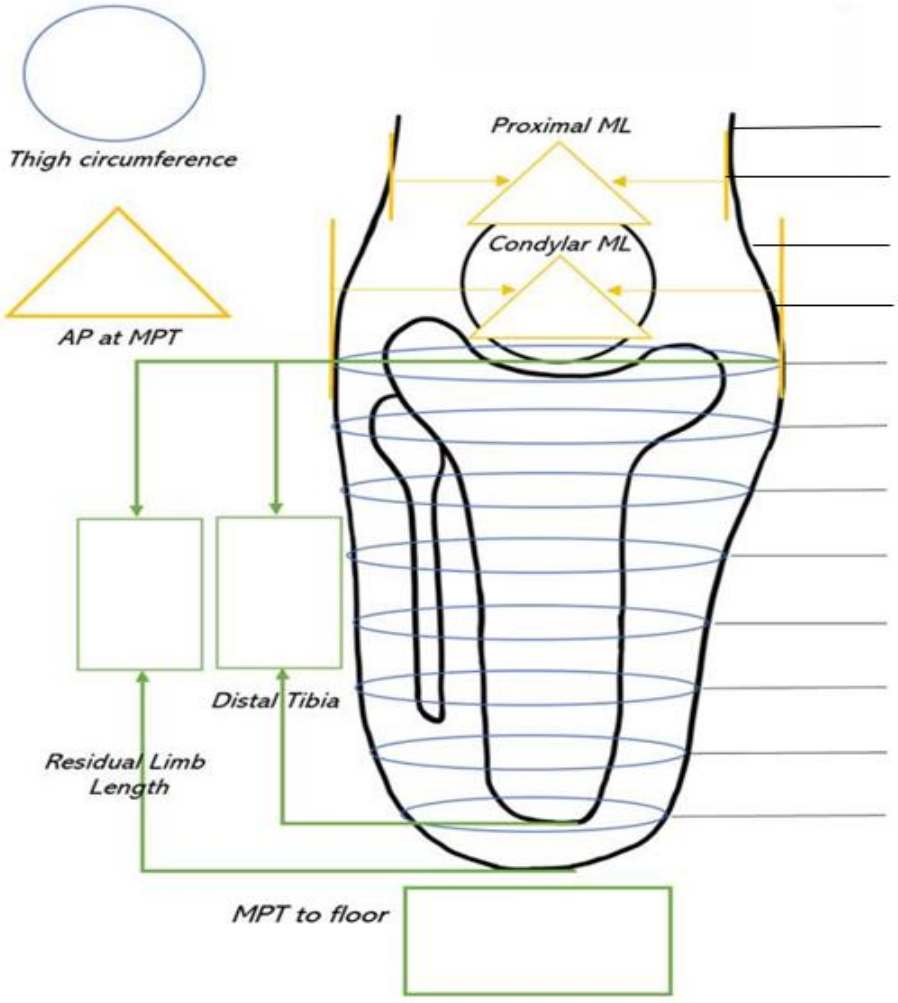
Practitioner: _____ Phone/Email: _____

Facility: _____

Address: _____

Side: _____ K-Level: _____ Height: _____ Weight: _____ Age: _____ Sex: _____

Measurements



Measurements	
+4" / +10cm	
+3" / +7.5cm	
+2" / +5cm	
+1" / +2.5cm	
MPT	
-1" / -2.5cm	
-2" / -5cm	
-3" / -7.5cm	
-4" / -10cm	
-5" / -12.5cm	
-6" / -15cm	
-7" / -17.5cm	

Model Type: ☐Cast ☐Diagnostic Socket ☐No Modifications ☐Needs Modifications

Modification Notes:

Plastic: ☐Bulldog ☐Orfitrans Stiff ☐Vivak ☐CoPoly ☐Thermolyn

Flexible Inner: ☐Pe-Lite ☐Bocklite ☐Proflex ☐OPTek Flex ☐Orfitrans Excel ☐Proflex w/ Silicone ☐OPTek Flex Comfort ☐Orfitrans Extra Soft w/ Silicone ☐Northvane

End Pad: ☐1/8" | 3mm ☐3/16" | 5mm ☐1/4" | 6mm ☐3/8" | 8mm ☐10mm ☐1/2" | 12mm ☐15mm ☐Plastazote ☐Bocklite ☐Pe-Lite ☐Silicone (5mm or 10mm only)

Lock: ☐Coyote AirLock ☐Coyote EasyOff ☐Bulldog 3Genesis ☐Bulldog APL ☐Fillauer Shuttle Lock ☐Ossur Icelock 621 ☐Ossur Icelock 4-Hole ☐Ossur Icelock 562 Hybrid ☐Other:

Valve (Threaded): ☐KISS ☐BK Lyn ☐Ossur 551 ☐Ossur VacuValve ☐CA Aria ☐Other:

Valve (Distal Expulsion): ☐Bulldog TP5 ☐Ossur Icelock 544 ☐CA Aria HV Plate ☐Other:

Revo/Click Reel: ☐Panels drawn on model ☐3 Panel (Gastroc + Tibs) ☐Other:

Trimlines: ☐Standard ☐Drawn on Model ☐Specified Below:

Socket Attachment Plate: ☐Socket only ☐Socket w/ attachment plate ☐Socket w/ attachment plate + reinforcement ☐Hi-Tek (AL) ☐Willowwood (composite) ☐Bulldog (AL or SS) ☐Bulldog (delrin) ☐3-Prong ☐4-Prong ☐Other:

Alignment: ☐Bench Alignment ☐Other (please specify):

Notes: