

Transtibial Laminated 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: _____

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

Modification Notes:

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

Lamination Layup: ☐ K1 ☐ Low Activity K2 ☐ Moderate K2 ☐ Moderate K3 ☐ High Activity K3 ☐ K4

☐ Other (please specify):

Socket Color/Design:

Flexible Inner: ☐ Full-Length ☐ Proximal Third ☐ Posterior Brim Only

☐ 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 ☐ 1 Panel (Gastroc) ☐ 3 Panel (Gastroc + Tibs) ☐ Other:

ClickReel Placement:

Vacuum: ☐ Limb Logic ☐ Harmony ☐ Other:

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

Socket Attachment Plate: ☐ Hi-Tek (AL) ☐ Willowwood (composite) ☐ Bulldog (AL or SS) ☐ Bulldog (delrin)
☐ 3-Prong ☐ 4-Prong ☐ Other:

Componentry: ☐ No components, socket only ☐ Provided by practitioner ☐ New components provided by WML

Component Provider: ☐ Hi-Tek ☐ Bulldog ☐ APC ☐ Trulife ☐ Other:

Notes: