

4331 E B Ave.

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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

Side: _____ Height: _____ Weight: _____

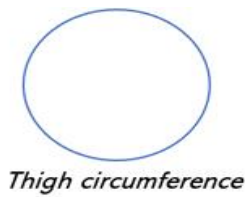
Age: _____ Sex: _____ Activity (K) Level: _____

Practitioner: _____ Facility & Location: _____

Phone/Email: _____ Ship to Address: _____

Date Ordered: _____ Requested Date Needed: _____ PO#: _____

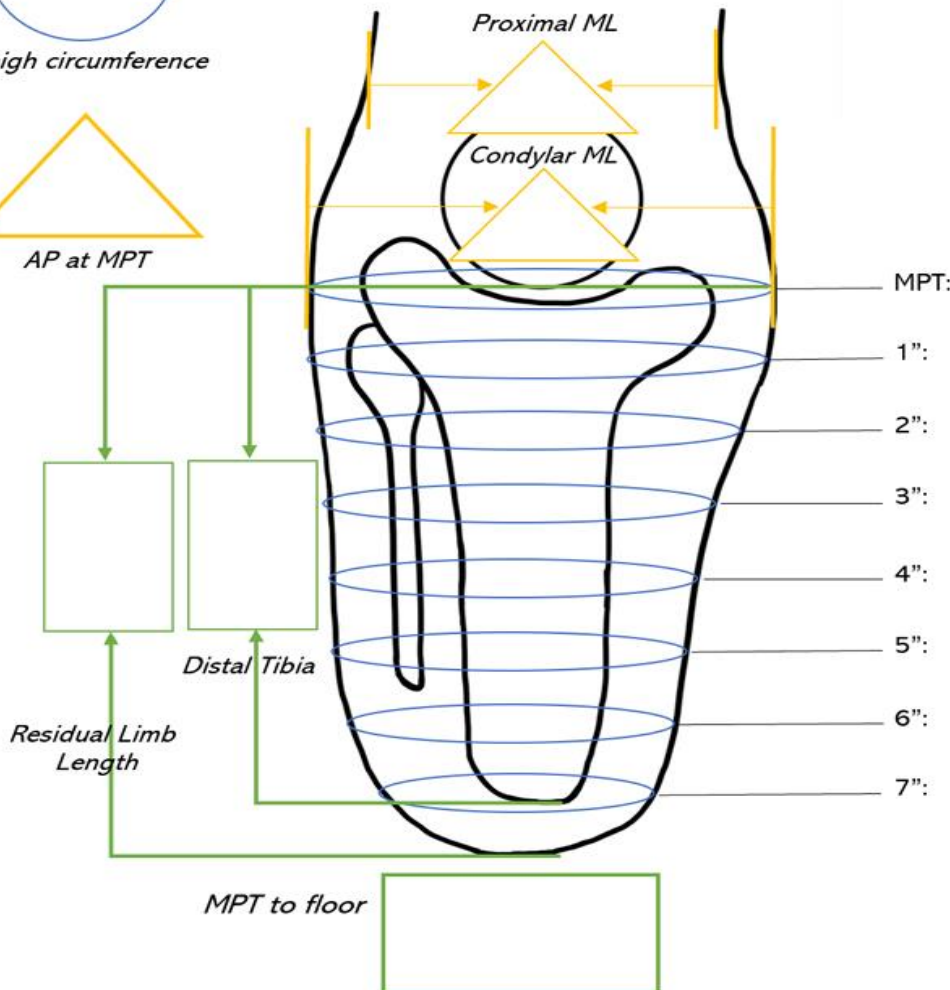
Measurements



Thigh circumference



AP at MPT



	Skin	Liner
MPT:		
1":		
2":		
3":		
4":		
5":		
6":		
7":		

Socket Specifications

Model Type: _____ Socket Design/Modifications: _____

Modification Notes: _____

Plastic Type: _____ Plastic Thickness: _____

Vacuum Forming Method: _____ Reinforcement: _____

Additions:

Socket Insert: _____ Socket Insert Thickness: _____ Other: _____

End Pad: _____ End Pad Thickness: _____ Posterior Flexible: _____

Suspension:

Lock: _____ Valve: _____

Vacuum: _____ Other: _____

Finishing:

Trimlines: _____ Posterior Shelf: _____

Patellar Trimline Height: _____ above MPT Condyle Trimline Height: _____ above MPT / Condyle

Alignment:

Socket Set Up: _____

Socket Flexion: _____° Coronal Plane: _____° Rotation: _____°

Sagittal Position: _____ Coronal Position: _____

Components:

Socket Attachment: _____ Component Method: _____

Component Provider: _____ Component Material: _____

4-Hole Attachment: _____ Prosthetic Foot: _____

Notes: