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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

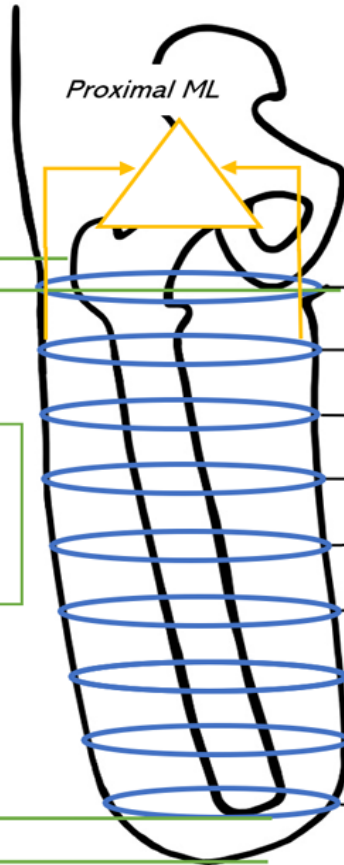
Practitioner: _____ Phone/Email: _____

Facility: _____

Address: _____

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

Measurements



	Skin	Liner
P:		
1":		
2":		
3":		
4":		
6":		
8":		
10":		
12":		



Model Type: Cast Diagnostic Socket No Modifications Needs Modifications

Modification Notes:

Vacuum Forming Method: Bubble/Blister Drape

Plastic: 1/4" 3/8" 1/2" 5/8"(standard) Bulldog Vivak Thermolyn CoPoly Orfitrans Stiff

Lanyard/Lock: Lanyard/Lock Provided Specify Lanyard/Lock:

Valve (Threaded): Ossur 552 AK Lyn CA Aria Other:

BOA/Click Reel: Panels drawn on model 2 Panel (specify) 3 Panel (specify) 4 Panel (specify) Other:

Trimlines: Ischial Containment Sub-Ischial Drawn on Model Specified Below:

Socket Attachment Plate: Socket only Socket w/ attachment plate Socket w/ attachment plate + reinforcement

Willowwood Bulldog Ossur 3-Prong 4-Prong Other:

Alignment: Bench Alignment Other (please specify):

Notes: