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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

Side: _____ Height: _____ Weight: _____

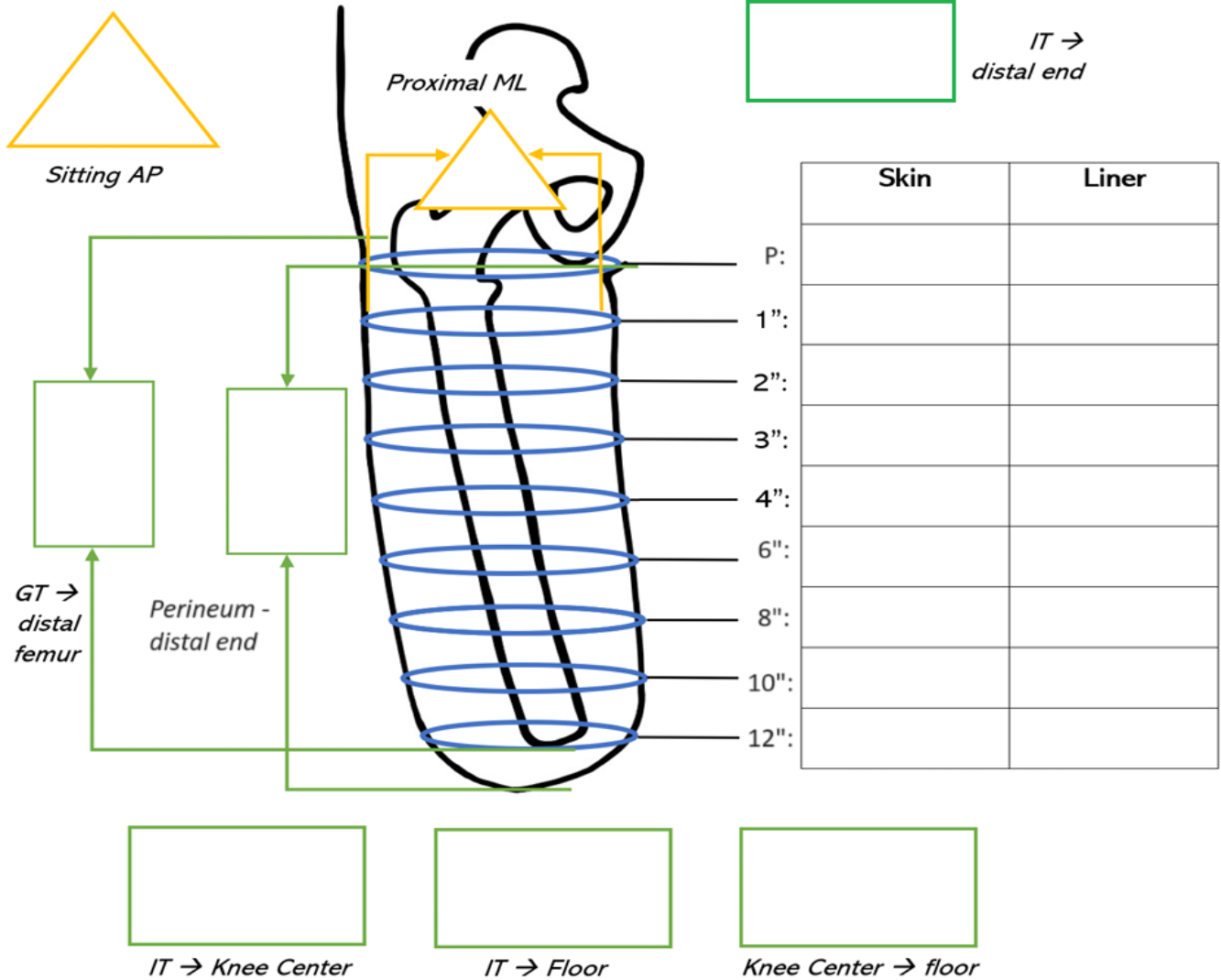
Age: _____ Sex: _____ Activity (K) Level: _____

Practitioner: _____ Facility & Location: _____

Phone/Email: _____ Ship to Address: _____

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

Measurements



Socket Specifications

Model Type: _____ Socket Design/Modifications: _____

Brim Shape: _____ Distal End Shape: _____

Modification Notes: _____

Lamination Layup: _____ Lamination Notes: _____

Socket Color/Design: _____

Additions:

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

Ischial Pad: _____ Ischial Pad Thickness: _____ Proximal Flexible: _____

Socket Frame Cutouts: _____ Prosthetic Cover: _____

Suspension:

Lock: _____ Lanyard: _____

Valve: _____ Other: _____

Finishing:

Trimlines: _____ Ischial Containment: _____

Trochanteric Trimline Height: _____ above IT Anterior Trimline Height: _____ above / below IT

Medial Trimline Height: _____ below IT Posterior Trimline Height: _____

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 Knee: _____

Prosthetic Foot: _____

Other Components: _____

Notes: