

4331 E B Ave.

(269)-615-1643

Plainwell, MI 49080

john@wamhoffmobilitylab.com



Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

Facility: _____

Address: _____

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

Measurements

Please enter any/all pertinent measurements below:

Socket Specifications

Model Type: Cast Diagnostic Socket No Modifications Needs Modifications

Amputation Type:

Modification Notes:

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

Vacuum Forming Method: Bubble/Blister Drape

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

Socket Design

Please enter a detailed description of the prosthesis design below (l.e. windows, trimlines, inserts, pads, locks, valves, etc.):

Socket Attachment Plate:

- Socket only Socket w/ attachment plate Socket w/ attachment plate + reinforcement
 Willowwood Bulldog Ossur 3-Prong 4-Prong Other:

Notes

Add any additional notes or instructions below: