

4331 E B Ave.

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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

Practitioner: _____ Phone/Email: _____

Facility: _____

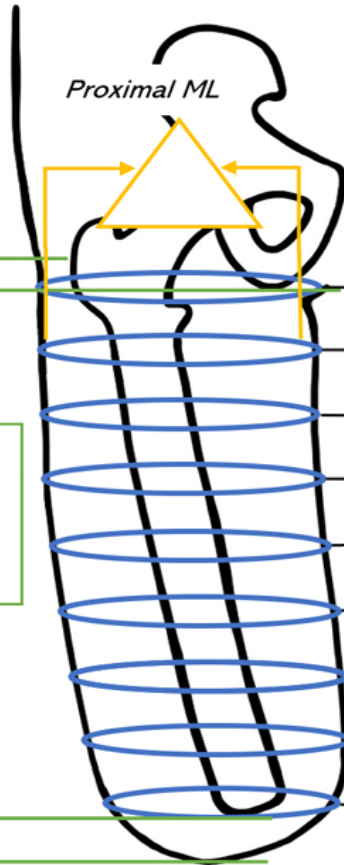
Address: _____

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

Measurements



Sitting AP



*IT ->
distal end*

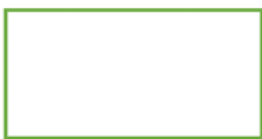
	Skin	Liner
P:		
1":		
2":		
3":		
4":		
6":		
8":		
10":		
12":		



*GT ->
distal
femur*



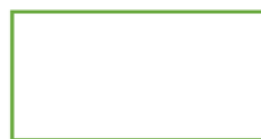
*Perineum -
distal end*



IT -> Knee Center



IT -> Floor



Knee Center -> floor

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

Double Wall Other (please specify):

Socket Color/Design:

Flexible Inner: 1/8" | 3mm 3/16" | 5mm 1/4" | 6mm 3/8" | 8mm 10mm 1/2" | 12mm 15mm

Full length Full Brim (proximal 1/3 of socket) Medial Brim (anterolateral to posterolateral)

Pe-Lite Bocklite Northvane Proflex OPTek Flex Comfort Orfitrans Extra Soft

Ischial Pad: 1/8" | 3mm 3/16" | 5mm 1/4" | 6mm 3/8" | 8mm 10mm 1/2" | 12mm 15mm

Plastazote Bocklite Puff

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:

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

Socket Attachment Plate: Willowood Bulldog Ossur 3-Prong 4-Prong Other:

Component Provider: APC TruLife Bulldog Other:

Notes: