

4331 E B Ave.

(269)-615-1643

Plainwell, MI 49080

john@wamhoffmobilitylab.com



**WAMHOFF
MOBILITY LAB**

Patient Name: _____

Side: _____ Height: _____ Weight: _____

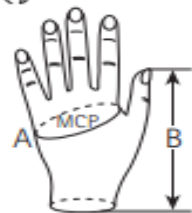
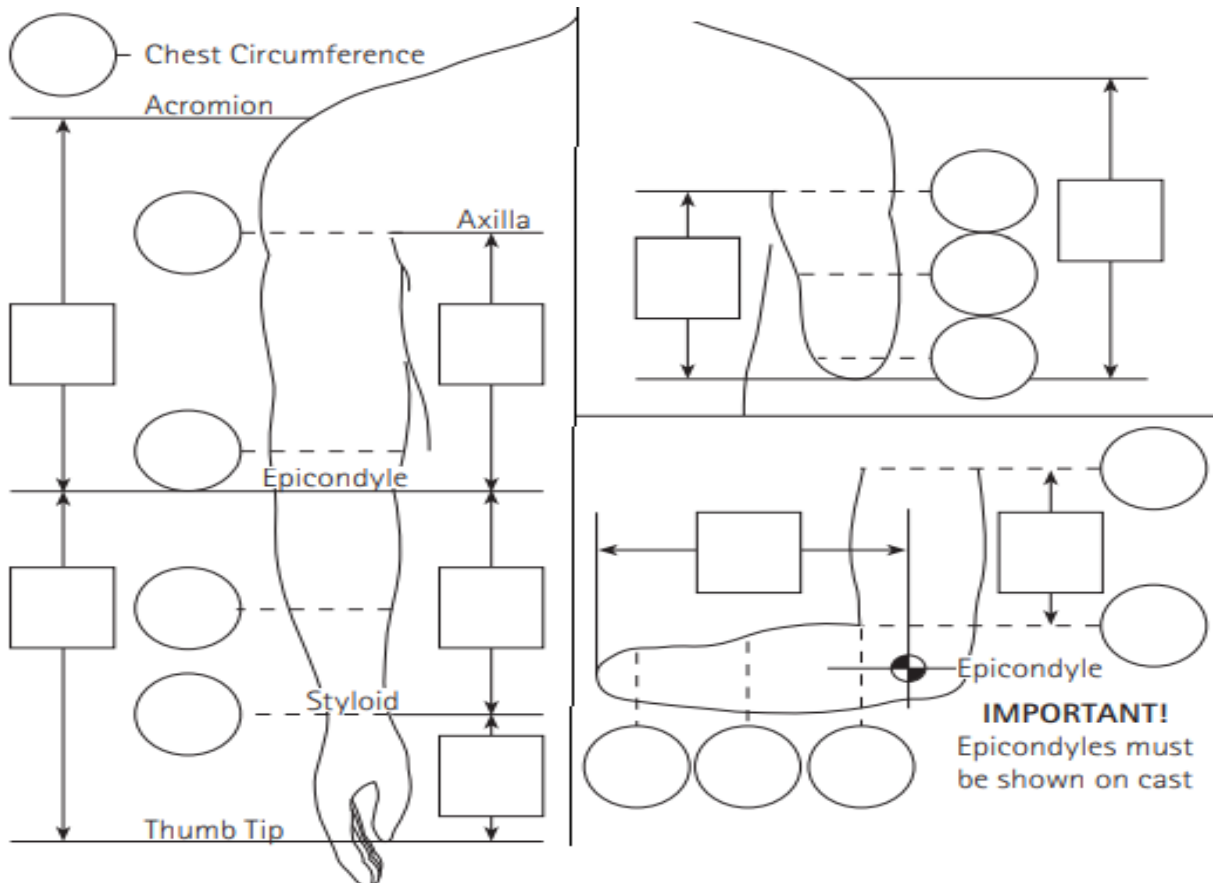
Age: _____ Sex: _____ Activity Level: _____



Practitioner: _____ Facility & Location: _____

Phone/Email: _____ Ship to Address: _____

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

Measurements



-  A. Metacarpal Circumference
-  B. Wrist to Thumb

Socket Specifications

Model Type: _____ Type of Amputation: _____

Power Source: _____ Suspension: _____

Modification Notes:

Socket Design

Please enter a detailed description of the prosthesis design below (I.e. control scheme, electrode sites, windows, trimlines, inserts, pads, locks, valves, etc.):

Lamination Instructions

Socket Set Up: _____

Lamination Layup: _____

Lamination Notes:

Socket Color/Design: _____

Range of Motion:

Forearm Flexion: _____° Wrist Flexion: _____° Ulnar Deviation: _____°

Forearm Extension: _____° Wrist Extension: _____° Radial Deviation: _____°

Components:

Component Method: _____ Terminal Device: _____

Wrist Unit: _____ Prosthetic Elbow: _____

Additions: Hook-to-Hand Adapter Standard Cable + Housing Standard Cable + Teflon Housing
 TRS Spectra Cable + Housing Heavy Duty Cable + Housing TRS Rapid Buckle Harness
Custom Triceps Pad Fillauer Triceps Pad ELF Strap Figure 9 Harness Figure 8 Harness

Notes

Add any additional notes or instructions below: