

4331 E B Ave.

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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

Please enter any/all pertinent measurements below:

## Socket Specifications

Model Type: \_\_\_\_\_ Type of Amputation: \_\_\_\_\_

Modification Notes:

## Socket Design

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

## Diagnostic Socket Info

Plastic Type: \_\_\_\_\_ Plastic Thickness: \_\_\_\_\_

Vacuum Forming Method: \_\_\_\_\_ Reinforcement: \_\_\_\_\_

### 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

*Add any additional notes or instructions below:*