

4331 E B Ave.

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**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

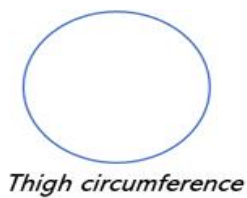
Practitioner: _____ Phone/Email: _____

Facility: _____

Address: _____

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

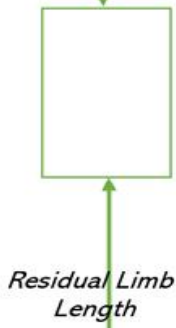
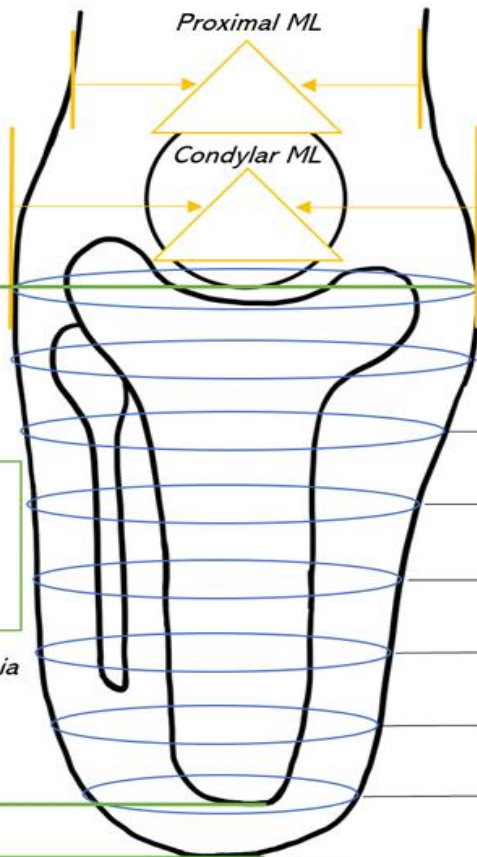
Measurements



Thigh circumference



AP at MPT



Distal Tibia

MPT to floor

- MPT:
- 1":
- 2":
- 3":
- 4":
- 5":
- 6":
- 7":

Skin	Liner

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

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

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

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

Plastazote Bocklite Puff

Lock: Lock Provided Specify Lock:

Valve (Threaded): KISS Ossur 551 BK Lyn CA Aria Other:

Valve (Distal Expulsion): Ossur Icelock 544 WW Alpha DE CA Aria HV Plate Other:

BOA/Click Reel: Panels drawn on model 3 Panel (Gastroc + Tibs) 4 Panel (2 Gastroc + Tibs) Other:

Vacuum: Limb Logic Harmony Other:

Trimlines: Standard Drawn on Model Specified Below:

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

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

Component Provider: APC TruLife Bulldog Other:

Notes: