

4331 E B Ave.

(269)-615-1643

Plainwell, MI 49080

john@wamhoffmobilitylab.com



**WAMHOFF
MOBILITY LAB**

Patient Name: _____

PO#: _____ Date: _____ Date Needed: _____

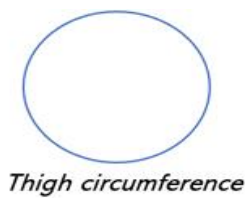
Practitioner: _____ Phone/Email: _____

Facility: _____

Address: _____

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

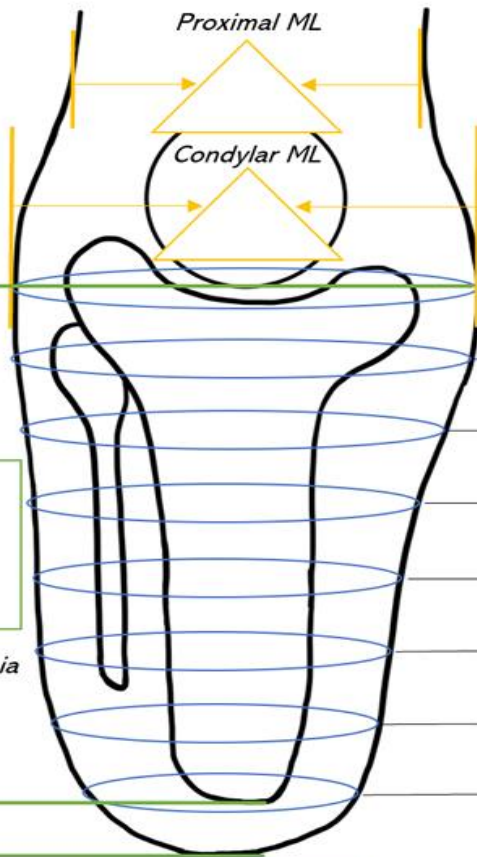
Measurements



Thigh circumference



AP at MPT



Proximal ML

Condylar ML

Residual Limb Length

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:

Vacuum Forming Method: Bubble/Blister Drape

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

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:

Trimlines: Standard Drawn on Model Specified Below:

Socket Attachment Plate: Socket only Socket w/ attachment plate Socket w/ attachment plate + reinforcement

Willowwood Bulldog Ossur 3-Prong 4-Prong Other:

Alignment: Bench Alignment Other (please specify):

Notes: