4331 E B Ave. (269)-615-1643
Plainwell, MI 49080 john@wamhoffmobilitylab.com

Patient Name: ____

PO#: _________________ Date: ________ Date Needed: ________

Practitioner: ________________ Phone/Email: ___________________

Facility: ____

Address: ____

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

Measurements

Please enter any/all pertinent measurements below:

Socket Specifications

Model Type: ☐Cast ☐Diagnostic Socket ☐No Modifications ☐Needs Modifications

Amputation Type:

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:

Socket Design

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

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

Add any additional notes or instructions below: