

# Momentum Health Technologies

17/34 Thynne St  
Bruce ACT 2617  
Australia

Hours of Operation  
Mon-Fri  
8:30am – 5:00pm (AEDT)

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## Lower Limb Prosthetic Socket Order Form

<b>Ship To:</b>	Customer Account No.:
	Purchase Order No.:
	Ordered By:
Date Due:	Contact Telephone:
Urgent? <i>*Rush orders may attract an additional fee</i>	<b>Pt. Name/Reference:</b>

### Patient Details:

Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
 Left  Right  Bilateral

### Socket Type:

Trans-Femoral  Trans-Tibial   
 Check Socket  Definitive Socket

**Components:** Possible delay for non-stocked components

### Suspension

Streifeneder 151 Clutch-Lock (2-stage lamination Required)   
 Streifeneder 201 Clutch-Lock   
 Streifeneder 6P50 TT Exhaust Valve (Small)   
 Streifeneder 6P25/L Screw Type Exhaust Valve (Med)   
 Streifeneder 6P20/L Screw Type Exhaust Valve (Large)   
 Other: \_\_\_\_\_

### Adapter

Streifeneder 16A3 Round Aluminium Adapter Plate   
 Streifeneder 16A5 Square Aluminium Adapter Plate   
 Streifeneder 10A9/S 4-Prong Rotatable Female Pyramid   
 Streifeneder 10A8/S 4-Prong Rotatable Male Pyramid   
 Other: \_\_\_\_\_

### Socket Additions:

PETG Inner Lining   
 PE-Lite Inner Lining   
 Supra-Flex Inner Lining   
 Flex EVA Inner Lining   
 BOA Dial Compression system(s)   
 Number of systems \_\_\_\_\_

Please Mark exact position of windows and lacing on Check Socket or Cast

### Lamination Schedule:

Socket Adapter choice and Alignment will determine whether single or 2-stage lamination is required

Standard  Heavy   
 Carbon Fibre with Epoxy Resin (Standard)   
 Fibreglass with Acrylic Resin

### Cosmetic Finishes

Carbon Fibre   
 Colour Pigment \_\_\_\_\_  
 Fabric Covering (additional lamination)   
 Please supply half metre of fabric per socket

### Adapter Alignment:

#### Sagittal Plane

Flexion angle: \_\_\_\_\_  
 Adapter offset: mm Ant  or Pos  to \_\_\_\_\_ landmark

#### Coronal Plane

Adduction  Abduction  None   
 Angle: \_\_\_\_\_  
 Adapter offset: mm Lat  or Med  from midline of socket

#### Transverse Plane

Internal rotation  External rotation   
 None   
 Angle: \_\_\_\_\_

### Other Instructions:

*Please note: No responsibility will be taken by Momentum Health Technologies for inappropriate or incorrect prescriptions. Devices will be made to the specifications identified on this form.*