

Momentum Health Technologies

17/34 Thynne St
Bruce ACT 2617
Australia

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

T: (02) 6210 0066
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Lower Limb Prosthetic Socket Order Form

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

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.