

Transpelvic and Hip Prosthesis

Order Form

Please mail your completed Ottobock order form and a positive or negative impression of the patient's limb to the address below. An Ottobock Fabrication Coordinator will contact you.

Shipping Options:

- UPS Next Day UPS Ground
 UPS 2-Day Other _____

Company _____

Practitioner _____

Phone _____

Fax _____

Email Address _____

Patient Name _____

Requested Due Date _____

PO Number _____

Patient Information

Left Right Patient Weight: _____
 Male Female Patient Height: _____
 Lamination Color (Be specific regarding company and color name or code): _____
 Shoe Size: _____

Socket Information Provided With

- Positive Cast
 Existing Socket
 Test Socket

Socket Fabrication Instructions

(Check all that apply)

- Heavy-Duty Lamination Rough Trial
 Complete Finish
 Laminated Socket Finish Socket Lamination
 Soft Insert End Pad
 Foam Cover
 Thermoplastic Liner - Plastic Type

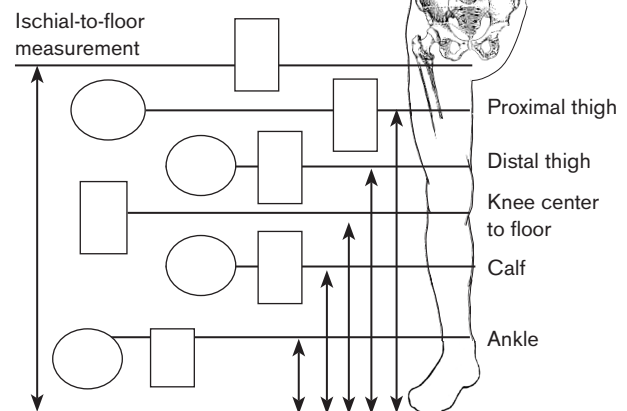
- Modified Polyethylene Socket with Laminated Distal Frame

Measurements

(Take all measurements with patient's shoe off. Record all measurements in millimeters unless otherwise noted.)

1. Foot Size: _____ cm
 2. Heel Height: _____ mm

For hemipelvectomy fabrication, provide a measurement from the ischium to an arbitrary line proximal to the iliac crest.



Components

- | | Provided by customer |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| Hip Type | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> _____
Ottobock Part Number - specify manufacturer if not Ottobock part | |
| Knee Type | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> _____
Ottobock Part Number - specify manufacturer if not Ottobock part | |
| Pylon | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Steel <input type="checkbox"/> Titanium <input type="checkbox"/> Aluminum | |
| Pylon Adapter | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 4R39 Torque Absorber
<input type="checkbox"/> _____
Ottobock Part Number - specify manufacturer if not Ottobock part | |
| Foot | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> _____
Ottobock Part Number - specify manufacturer if not Ottobock part | |

NOTE: To follow regulatory guidelines, Ottobock will assemble the prostheses per your direction except for attaching the foot, which will be packaged separately with your order.

Fabrication Center: 3820 West Great Lakes Drive, Salt Lake City, UT 84120

For more information please visit our web site at professionals.ottobockus.com Page 1 of 1

USA 800 328 4058
Fax 800 810 7994