

Patient Information and Order

Customer Information		Ship To Information	
Date		Name	
Account Number		Address	
Bill to		City/State/Zip	
Phone Number/ Tax Number		Phone	
Email		Email	
Buyer		Desired Delivery Date	

Once this form is complete, please send to Ottobock via fax or email.

Order Quote Only

Approved Casting Technique Required.

For clinical questions, call 800 328 4058. Note: Training Required.

Patient Information

Patient Name _____ Patient Height _____ ft. _____ in. Patient Weight _____ lbs.

Specify: Left Right Bilateral*—Left Bilateral*—Right

* If bilateral, please complete one order form for both the right and left leg.

Ankle Joint (Please Select One)

None (fitting with posterior leaf spring design — < 275 lbs.)

Unilateral (One Joint)

17AO100=22-T (up to 242 lbs.)

17LA3N=20-T (up to 121 lbs.)*

Bilateral (Two Joints)

17LA3N=16-T (< 187 lbs.)

17LA3N=20-T (< 242 lbs.)

* Delivered with foot stirrup and lamination bars invoiced separately.

Medial Knee Support (Please Select One)

17KF100=16-1-T Proximal and distal straight (R and L)

17KF100=16-2-T Proximal straight, distal contoured (L)

17KF100=16-3-T Proximal straight, distal contoured (R)

17KF100=16-4-T Proximal and distal contoured (R and L)

Note: Delivered with two 17LS3=16-T lamination bars invoiced separately.

Fitting Stage

Test-Orthosis Prepreg C-Brace Orthosis

Definitive Options

Straps and Tongues

2 Thigh straps, 1 calf strap both with lateral attached tongue

2 Thigh straps with lateral attached tongue, and bilateral overlapping attached tongues on calf

Additional strap(s), Specify _____ Additional tongue(s), Specify _____

Liner Options (Includes 2 sets)

EVA (black) Terry Cloth (blue) AirFlex -- standard option (black)

Corrective Pads

Medial Thigh Medial Calf 3mm 4mm 5mm 6mm Other _____

Finish

Finished satin Carbon (standard if no option selected)

Finished satin black Fabric Design, Specify _____

Proximal Thigh Flare Yes No

Reduce medial knee joint clearance from test orthosis design _____ mm

Proximal Anterior Calf Fit

Test orthosis fit was snug at medial and lateral calf, do not remove anterior flare modifications.

Test orthosis fit was loose at medial and lateral calf, remove anterior flare modifications.

Ankle clearance for ankle joint(s)

_____ mm medial (5 is standard) _____ mm lateral (3 is standard)

Jointed Lower Leg Optional Designs

Posterior calf with anterior tongue Floor reaction anterior calf

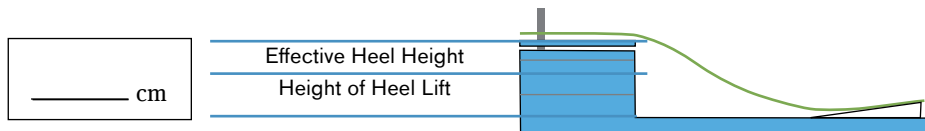
Extended Warranty SP-17K01=6 Extension of warranty to six years

Note: Three year warranty included with purchase. Ottobock offers the option to purchase an extended warranty to six years. You can take advantage of this option for up to 36 months after the delivery date.

Tablet 570A16=V1 Samsung Galaxy (includes Setup App)

Note: An Android or iOS device is required for application and setting adjustments. If you already own an Android or iOS device: iPhone or iPad, one does not need to be purchased with your order.

Foot Casting Aid



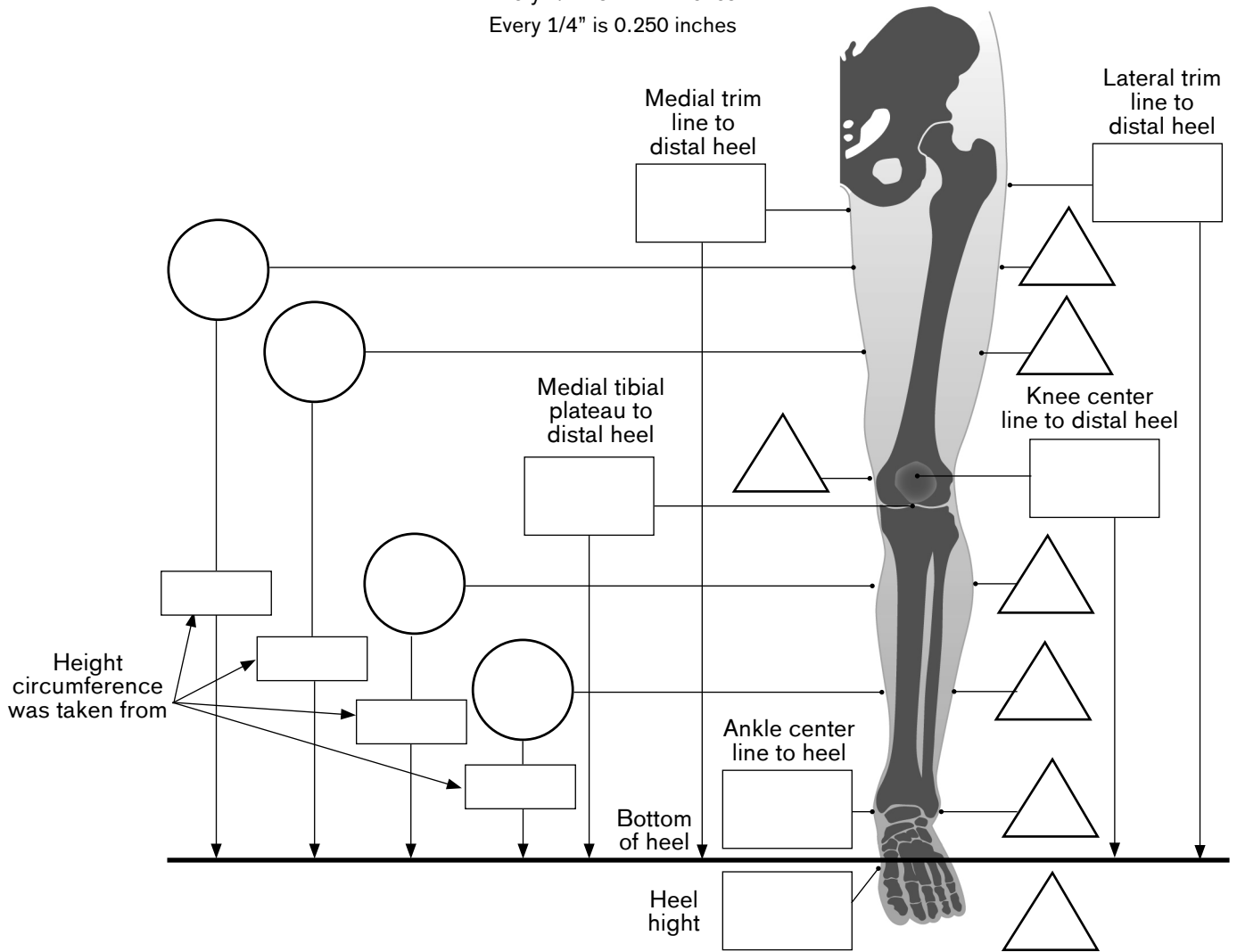
Measurements were taken: Supine Semi Weight Bearing

Measurements (Centimeters Only)

To convert to cm: inches x 2.54

Every 1/8" is 0.125 inches

Every 1/4" is 0.250 inches



Please indicate degrees of foot external rotation:

5 7 Other: _____

Special Instructions / Comments: