

bebionic® Order Form

Contact	<input type="text"/>	Customer number	<input type="text"/>	Date	<input type="text"/>
Customer			Shipping address (if different from customer address)		
Company	<input type="text"/>		Company	<input type="text"/>	
Street	<input type="text"/>		Street	<input type="text"/>	
Zip code/city	<input type="text"/>		Postal code/city	<input type="text"/>	
Email	<input type="text"/>		Phone	<input type="text"/>	

Patient Information

Name

Gender Male Female

Amputation side Left Right

Initial prosthetic fitting (user was not previously fitted with a bebionic hand or Michelangelo hand)

Follow-up prosthetic fitting

Serial number of the previous hand:

bebionic Hand Selection



1 System: bebionic hand with EQD wrist (quick disconnect)

Article no.	Side	Size	Color
<input type="checkbox"/> 8E70=L-S-*	Left (L)	Small	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> 8E70=L-M-B	Left (L)	Medium	<input type="checkbox"/> Black
<input type="checkbox"/> 8E70=R-S-*	Right (R)	Small	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> 8E70=R-M-B	Right (R)	Medium	<input type="checkbox"/> Black

Notice: B = Black, W = White



2 System: bebionic hand with short wrist

Article no.	Side	Size	Color
<input type="checkbox"/> 8E71=L-S-*	Left (L)	Small	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> 8E71=L-M-B	Left (L)	Medium	<input type="checkbox"/> Black
<input type="checkbox"/> 8E71=R-S-*	Right (R)	Small	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> 8E71=R-M-B	Right (R)	Medium	<input type="checkbox"/> Black

Notice: B = Black, W = White



3 System: bebionic hand with flexion wrist (three-stage wrist)

Article no.	Side	Size	Color
<input type="checkbox"/> 8E72=L-S-*	Left (L)	Small	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> 8E72=L-M-B	Left (L)	Medium	<input type="checkbox"/> Black
<input type="checkbox"/> 8E72=R-S-*	Right (R)	Small	<input type="checkbox"/> Black <input type="checkbox"/> White
<input type="checkbox"/> 8E72=R-M-B	Right (R)	Medium	<input type="checkbox"/> Black

Notice: B = Black, W = White

bebionic

Additional components

Hand adapter

Article no.	Description
<input type="checkbox"/> 10S1=45	Lamination ring for SM hands (diameter: 45 mm)
<input type="checkbox"/> 10S1=50	Lamination ring for MD hands (diameter: 50 mm)
<input type="checkbox"/> 13E190	Switchblock (only for short wrist)
<input type="checkbox"/> 13E190=150	Switchblock (only for short wrist)

Passive rotation

Article no.	Description
<input type="checkbox"/> 10S4	Coupling piece
<input type="checkbox"/> 9E169	Coaxial plug

Active rotation

Article no.	Description
<input type="checkbox"/> 10S17	Electric rotator
<input type="checkbox"/> 13E205	MyoRotronic

bebionic Skin Silicone glove

Article no.	Side	Size	Color
<input type="checkbox"/> 8S711	<input type="checkbox"/> Left (L)	<input type="checkbox"/> S	<input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04
		<input type="checkbox"/> M	<input type="checkbox"/> 06 <input type="checkbox"/> 09 <input type="checkbox"/> 11
	<input type="checkbox"/> Right (R)	<input type="checkbox"/> L	<input type="checkbox"/> 14 <input type="checkbox"/> 16
<input type="checkbox"/> 8S710 (black)	<input type="checkbox"/> Left (L)	<input type="checkbox"/> S	<input type="checkbox"/> 20
		<input type="checkbox"/> M	
	<input type="checkbox"/> Right (R)	<input type="checkbox"/> L	

Battery management

Article no.	Description	Qty
<input type="checkbox"/> 757L35	MyoCharge Integral	_____
<input type="checkbox"/> 757B35=	MyoEnergy Integral	_____
	-3 <input type="checkbox"/> 1,150 mAh	_____
	-5 <input type="checkbox"/> 3,450 mAh	_____

Electrodes*

Article no.	Description	Qty
<input type="checkbox"/> 13E200=60	Standard electrodes	_____
<input type="checkbox"/> 13E202=60	Suction socket electrodes	_____

Electrode cable*

Article no.	Cable length	Qty
<input type="checkbox"/> 13E129	<input type="checkbox"/> G300 <input type="checkbox"/> G600 <input type="checkbox"/> G1,000	_____

Tube valve

Article no.	Qty
<input type="checkbox"/> 12V10	_____

PVC connection tube

Article no.	Qty
<input type="checkbox"/> 99B13=21	_____

Extended Warranty for the bebionic (optional)

Article no.	Description
<input type="checkbox"/> SP-8E7=3+2	<input type="checkbox"/> Warranty extension to 5 years (purchased when upgrading from 3-yr warranty)
<input type="checkbox"/> SP-8E7=3	<input type="checkbox"/> 3-yr extended warranty
<input type="checkbox"/> SP-8E7=5	<input type="checkbox"/> 5-yr extended warranty

Optional accessories

Article no.	Description	Qty
<input type="checkbox"/> 640F12	Special cleaner (for glove)	_____
<input type="checkbox"/> 640F13	Pump sprayer	_____
<input type="checkbox"/> OC1560=TR	Donning sheath	_____
<input type="checkbox"/> OC1560=TH	Donning sheath	_____
<input type="checkbox"/> OC1560=Kids	Donning sheath	_____

For transhumeral fitting

DynamicArm

Article no.	Color
<input type="checkbox"/> 12K100N=45	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 07 (black)
<input type="checkbox"/> 12K100N=50	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> 07 (black)

DynamicArm Plus

Article no.	Color
<input type="checkbox"/> 12K110N=45	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 07 (black)
<input type="checkbox"/> 12K110N=50	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> 07 (black)

Carbon shell for Dynamic Arm

Article no.
<input type="checkbox"/> 13Z157=45
<input type="checkbox"/> 13Z157=50

ErgoArm Electronic Plus

Article no.	Color
<input type="checkbox"/> 12K50=45	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 07 (black)
<input type="checkbox"/> 12K50=50	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> 07 (black)

ErgoArm Hybrid Plus

Article no.	Color
<input type="checkbox"/> 12K44=45	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 07 (black)
<input type="checkbox"/> 12K44=50	<input type="checkbox"/> 04 (standard) <input type="checkbox"/> 11 <input type="checkbox"/> 15 <input type="checkbox"/> 07 (black)