

# Transpelvic and Hip Prosthesis

## iFab Order Form



Account Information		Ship To Information	
Date	<input type="text"/>	Name	<input type="text"/>
Account Number	<input type="text"/>	Address	<input type="text"/>
Bill to	<input type="text"/>	City/State/Zip	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Buyer	<input type="text"/>	Desired Delivery Date	<input type="text"/>
PO Number	<input type="text"/>	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.	

Please mail your completed Ottobock order form and a 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

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

**Order**

**Quote Only**

**For clinical questions, call 800 328 4058.**

### Notes:

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**Patient Information:**

Patient Name \_\_\_\_\_ Patient Weight \_\_\_\_\_ lbs. Patient Height \_\_\_\_\_

Male Female Left Right Shoe Size \_\_\_\_\_

Lamination Color (Be specific regarding company and color name or code.):

**Socket Information Provided With**

Positive Cast  
Existing Socket  
Test Socket

**Socket Fabrication Instructions**

Rough Trial  
Laminated Socket  
Heavy-Duty Lamination

Soft Insert Liner  
Distal End Pad

Thermoplastic Liner  
Thermolyn Supra Flexible  
Proflex With Silicone  
Proflex Without Silicone

**Components**

**Provided By Customer**

Hip Type \_\_\_\_\_ Yes No

Ottobock \_\_\_\_\_  
Part Number Specify manufacturer, if not Ottobock Part Number

Knee Type \_\_\_\_\_ Yes No

Ottobock \_\_\_\_\_  
Part Number Specify manufacturer, if not Ottobock Part Number

Pylon \_\_\_\_\_ Yes No

Steel Titanium Aluminum

Pylon Adapter \_\_\_\_\_ Yes No

4R39 Torque Absorber \_\_\_\_\_  
Ottobock Part Number – specify manufacturer if not Ottobock part

Foot \_\_\_\_\_ Yes No

Ottobock \_\_\_\_\_ Foot \_\_\_\_\_ Foot \_\_\_\_\_  
Part Number Specify manufacturer, if not Ottobock Part Number

**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.

\_\_\_\_\_

