

Customer Information		Ship To Information		
Date		Name		
Account Number		Address		
Bill to		City/State/Zip		
Phone Number		Phone Number		
Email		Email		
Buyer		Desired Delivery Date		
PO Number		Shipping Options	UPS Next Day	UPS 2-Day
			UPS Ground	Other

In addition to the C-Brace order form and a negative impression, please complete and submit the C-Brace Three-Stage Casting Technique Checklist. The C-Brace order form and Three-Stage Casting Technique Checklist can be sent to Ottobock via fax, email, or with the cast shipment.

Order Quote Only

Approved casting technique and C-Brace training are required. For clinical questions, call 800 328 4058.

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)

* Delivered with foot stirrup and lamination bars invoiced separately.

Unilateral (One Joint)

17AO100=22-T (≤ 242 lbs.)

Other (Contact Fabrication with requests)

Bilateral (Two Joints)

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

17AD100=16-T (≤ 187 lbs.)*

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

17AD100=20-T (≤ 242 lbs.)*

17AO100=22-T (≤ 275 lbs.)

Note: Design changes resulting in a remake are not covered under C-Brace fabrication warranty. The customer is responsible for any additional fabrication expenses (Example: Switching from single upright to double upright at the ankle).

17AD100 Nexgear Tango Joint Selections

If you selected 17AD100=16-T and 17AD100=20-T for the ankle joint, please select one of each of the following. If you selected another ankle joint, please disregard this section. If you have any questions, please contact clinical support.

- | 1. Anterior Lateral Channel | 2. Anterior Medial Channel | 3. Posterior Lateral Channel | 4. Posterior Medial Channel |
|-----------------------------|----------------------------|------------------------------|-----------------------------|
| Free Motion | Free Motion | Free Motion | Free Motion |
| Stop Module | Stop Module | Stop Module | Stop Module |
| Spring Module | Spring Module | Spring Module | Spring Module |
| Reaction Module Firm | Reaction Module Firm | Reaction Module Firm | Reaction Module Firm |
| Reaction Module Extra Firm | Reaction Module Extra Firm | Reaction Module Extra Firm | Reaction Module Extra Firm |

The 17AD100=MA-20 Mounting Adapter is required to use the 17AD100=16/20-T joint. Do you need a 17AD100=MA-20 Mounting Adapter? This is a specialty tool needed for an initial Nexgear Tango joint fitting.

Yes, please include No, I already have one

Additional tools you will need are an L-shaped T20 torx key and a torque wrench with a T30 bit.

Medial Knee Support

The medial knee support is required with the C-Brace and Ottobock will select the best option for the patient, based off the information provided in this order form.

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 and 1 calf strap with no tongues

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

514Z9=40-7 SafeLock slider buckles (For single-handed use instead of standard velcro closure)

Liner Options (Includes 2 sets)

EVA (black) Thickness: _____ mm Terry Cloth (blue) AirFlex -- standard option (black)

Note: The EVA liner is not removable and will not come with a second set of liners.

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 (not applicable to leaf spring design)

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.

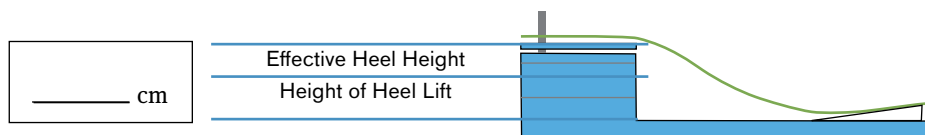
Tablet 570A16=V1 Samsung Galaxy (includes Setup App)

Note: An Android or iOS tablet is required for application and setting adjustments. If you already own an Android or iOS tablet, one does not need to be purchased with your order. If you need a tablet, select this box to order one from Ottobock for an additional cost.

Accessories

4X74 Car Charger Adapter 4E50-2 Battery Charger (Recommended with purchase of 4X74)

Foot Casting Aid



Approved casting technique and C-Brace training are required. For clinical questions, call 800 328 4058.

* indicates that field is required prior to DTO fabrication.

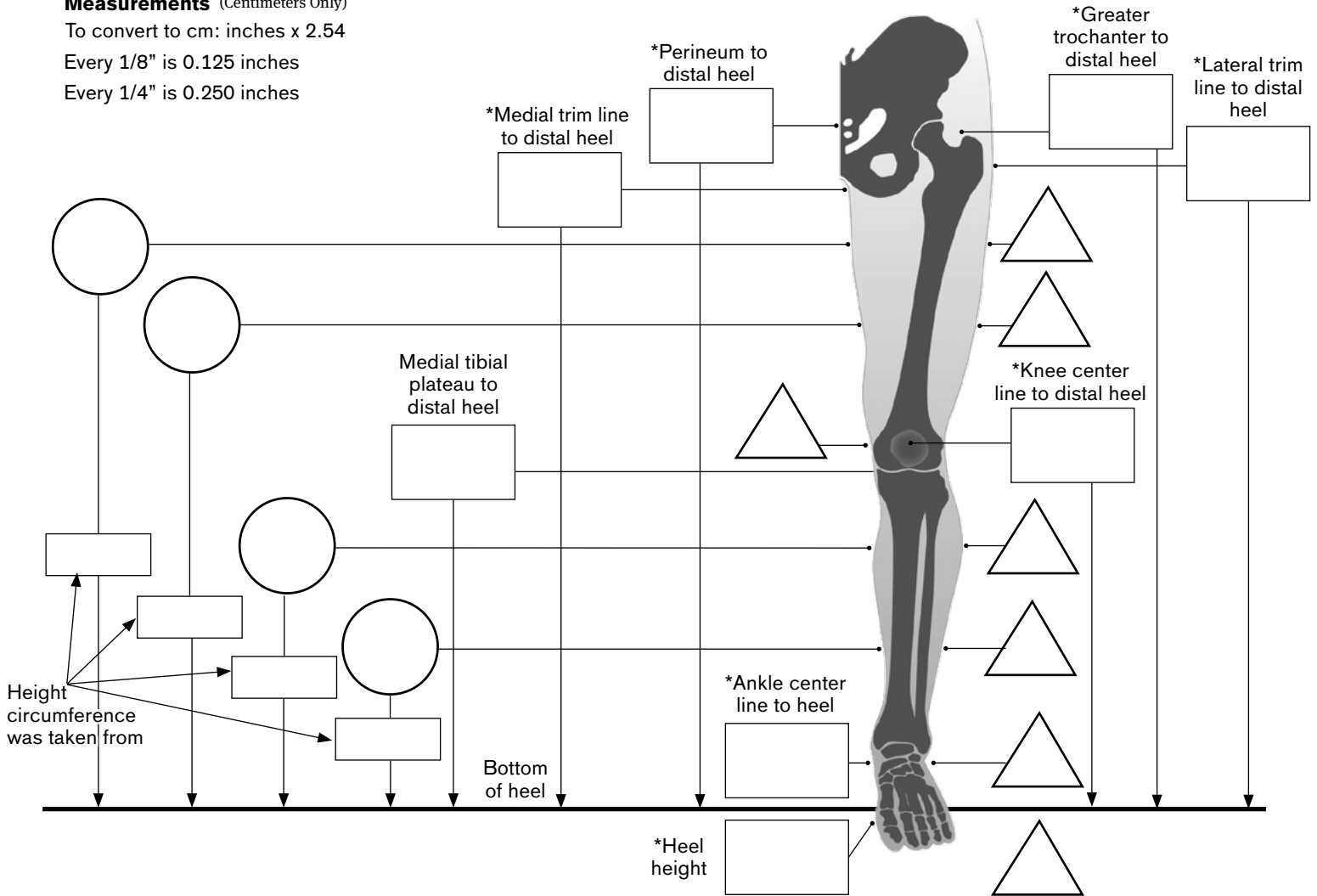
Measurements were taken: Supine Semi Weight Bearing

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: _____

Please check the box if the C-Brace is billed through AllClaim.

Special Instructions / Comments: