



Patient Information and Order Form

Customer 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"/>	Shipping Options	<input type="checkbox"/> UPS Next Day <input type="checkbox"/> UPS 2-Day <input type="checkbox"/> UPS Ground <input type="checkbox"/> Other <input type="text"/>

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 _____

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)

Bilateral (Two Joints)

17AO100=22-T (≤ 242 lbs.)

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

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

Other (Contact Fabrication with requests)

17AD100=16-T (≤ 187 lbs.)*

17AD100=20-T (≤ 242 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.

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

Yes, please include

No, I already have one

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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 and one of the following tongue options:

- Floating tongue (standard if no option selected)
 Lateral attached tongue
 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 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 black (standard if no option selected) 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

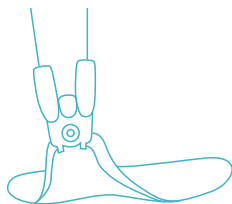
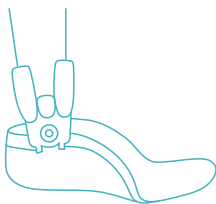
Note: Three year warranty included with purchase. Ottobock offers the option to purchase an extended warranty to six years. You can take advantage of this option for up to 36 months after the delivery date.

Accessories

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

Foot plate option

- Closed heel foot plate Open heel foot plate

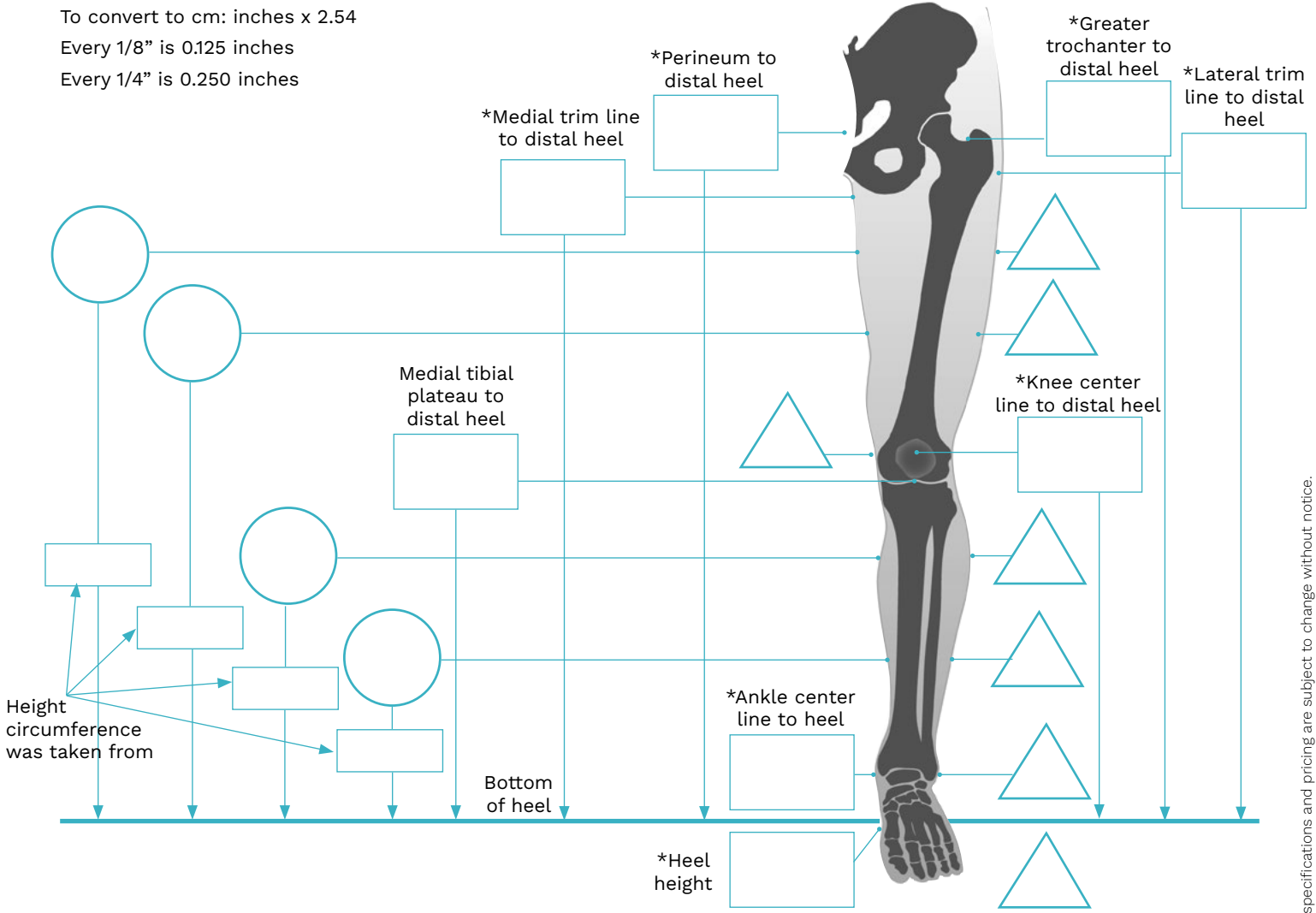


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 * indicates that field is required prior to DTO fabrication.

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



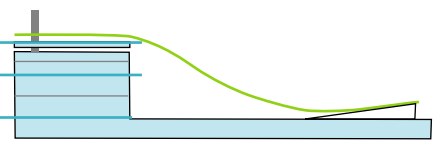
Please indicate degrees of foot external rotation:

5 7 Other: _____

Foot Casting Aid

cm

Effective Heel Height
 Height of Heel Lift



Special Instructions / Comments:

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