

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
Clinician Name	<input type="text"/>		<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

Scan the QR code to view the C-Brace Casting Checklist.



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 **Fitting Stage**

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

Test-Orthosis

Prepreg C-Brace Orthosis

Test Orthosis Options

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).

Jointed Lower Leg Optional Designs

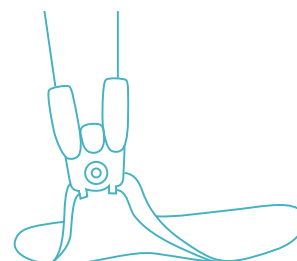
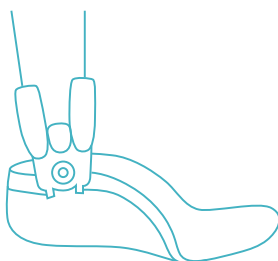
- Posterior calf with anterior tongue (standard if no option selected)
- Floor reaction anterior calf (not applicable to leaf spring design)

Foot plate option

- Closed heel foot plate
- Open heel foot plate

Maintain arch shape (standard if no option selected)

Flat arch



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17AD100 Nexgear Tango Joint Selections

If you selected 17AD100=16-T or 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

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Free Motion | <input type="checkbox"/> Free Motion | <input type="checkbox"/> Free Motion | <input type="checkbox"/> Free Motion |
| <input type="checkbox"/> Stop Module | <input type="checkbox"/> Stop Module | <input type="checkbox"/> Stop Module | <input type="checkbox"/> Stop Module |
| <input type="checkbox"/> Spring Module | <input type="checkbox"/> Spring Module | <input type="checkbox"/> Spring Module | <input type="checkbox"/> Spring Module |
| <input type="checkbox"/> Reaction Module Firm | <input type="checkbox"/> Reaction Module Firm | <input type="checkbox"/> Reaction Module Firm | <input type="checkbox"/> Reaction Module Firm |
| <input type="checkbox"/> Reaction Module Extra Firm | <input type="checkbox"/> Reaction Module Extra Firm | <input type="checkbox"/> Reaction Module Extra Firm | <input type="checkbox"/> 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 set (709S530) and a torque wrench (710D20) with connection piece (710Y19) with a T30 and T40 bit (710Y25).

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 _____

Reduce medial knee joint clearance from test orthosis design _____ mm

Ankle clearance for ankle joint(s)

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

- 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

- 757L43 USB Charger Adapter 4E50-3 Battery Charger (Recommended with purchase of 757L43)
 131X1=R-7 C-Brace cover 131X1=L-7 C-Brace cover

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DTO will be as same height as cast. Proximal trimline established by fitting orthotist at DTO fitting.

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* indicates that field is required prior to DTO fabrication.

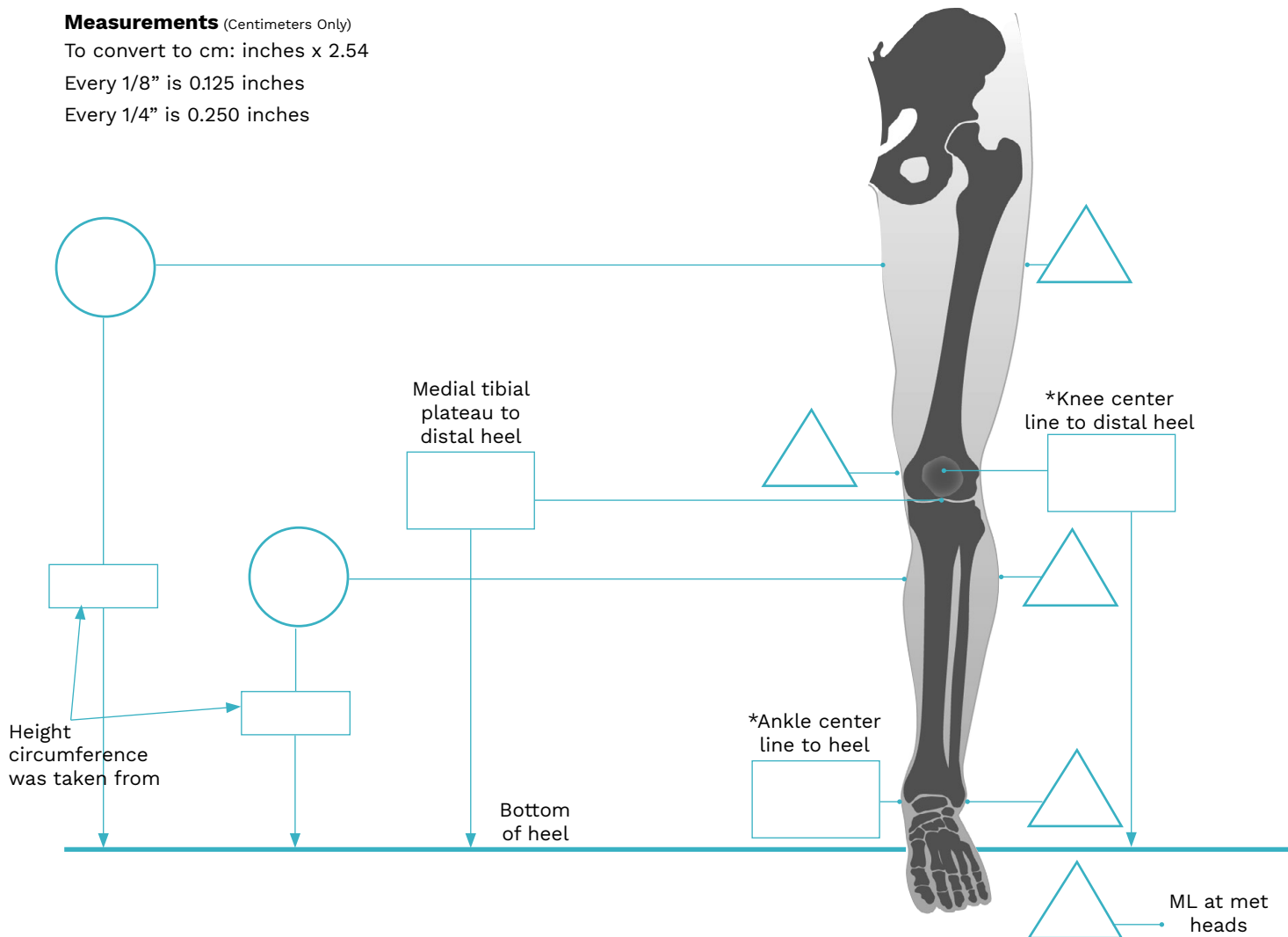
Measurements were taken: Supine Semi Weight Bearing

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



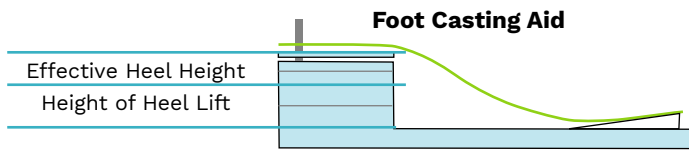
Please indicate degrees of foot external rotation:

5 7 Other: _____

Heel Height

_____ cm

Foot Casting Aid



Special Instructions / Comments:
