

E-MAG Active, Stance Control KAFO



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"/>		

Effective Date 3/1/2021

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

Order **Quote Only**

Shipping Options

Next Day Ground
2-Day Other _____

Notes

E-MAG Active, Stance Control KAFO Patient Information and Order Form

For a speedy start to your job, complete the form below completely & carefully. The accuracy of the device is related to the accuracy of measurements.

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.

	Weight	Joint Range of Motion			Muscle Strength*			Joint Deviations**	
		Hip	Knee	Ankle	Hip	Knee	Ankle	Knee Valgum/Varum	Ankle Valgus/Varus
E-MAG Active	Up to 220 lbs/100 kg	Accommodates full R.O.M	Up to 10° knee flexion contracture with dorsal stop at ankle	Accommodates full R.O.M. No minimum patient requirements	Flex 3-5	Flex 0-5	Flex 0-5	Accommodates up to 10° valgum/varum. Patient must generate extension moment in terminal stance.	No minimum patient requirements
					Ext 3-5	Ext 0-5	Ext 0-5		

Ottobock recommends a corrected negative wrap/cast for best results.

<p>Knee Joint Flexion</p> <p>(Patient must be cast in 5° knee flexion)</p> <p>5 degrees of built in flexion (standard)</p> <p>7.5 degrees of built in flexion</p> <p>Fitting Stage</p> <p style="text-align: center;">Test Orthosis</p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><u>Knee</u></td> <td style="text-align: center;"><u>Ankle</u></td> </tr> <tr> <td>Double Upright</td> <td>Double Upright</td> </tr> <tr> <td>Unilateral</td> <td>Unilateral</td> </tr> <tr> <td></td> <td>Solid</td> </tr> </table> <p style="text-align: center;">Lamination</p> <table style="width: 100%;"> <tr> <td style="text-align: center;"><u>Knee</u></td> <td style="text-align: center;"><u>Ankle</u></td> </tr> <tr> <td>Double Upright</td> <td>Double Upright</td> </tr> <tr> <td>Unilateral</td> <td>Unilateral</td> </tr> <tr> <td></td> <td>Solid</td> </tr> </table> <p>Fabrication Specifications—Correction to Cast</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">Ankle</td> <td style="text-align: center;">Knee</td> </tr> <tr> <td>Leave as Casted</td> <td>Leave as Casted</td> </tr> <tr> <td>To 90°</td> <td>To _____° Flexion (may not exceed 10 degrees)</td> </tr> <tr> <td>To _____° Plantarflexion</td> <td>Correct to neutral</td> </tr> <tr> <td>To _____° Dorsiflexion</td> <td>Valgus/varus to neutral</td> </tr> <tr> <td>Valgus/varus to neutral</td> <td>Valgus/varus fixed</td> </tr> </table>	<u>Knee</u>	<u>Ankle</u>	Double Upright	Double Upright	Unilateral	Unilateral		Solid	<u>Knee</u>	<u>Ankle</u>	Double Upright	Double Upright	Unilateral	Unilateral		Solid	Ankle	Knee	Leave as Casted	Leave as Casted	To 90°	To _____° Flexion (may not exceed 10 degrees)	To _____° Plantarflexion	Correct to neutral	To _____° Dorsiflexion	Valgus/varus to neutral	Valgus/varus to neutral	Valgus/varus fixed	<p>Liner</p> <p>EVA (black)</p> <p>Terry Cloth (blue)</p> <p>AirFlex – standard option (black)</p> <p>Microcell Puff</p> <p>Liner Thickness</p> <table style="width: 100%;"> <tr> <td style="text-align: center;">3mm</td> <td style="text-align: center;">4mm</td> <td style="text-align: center;">5mm</td> </tr> <tr> <td style="text-align: center;">6mm</td> <td colspan="2">Other: _____</td> </tr> </table> <p>Finish</p> <p>Satin Black Finish (standard)</p> <p>Finished satin carbon design (additional charges apply)</p> <p>Fabric design;</p> <p>specify:</p> <p>Thigh shell</p> <p>Anterior</p> <p>Posterior (standard if not selected)</p> <p>Calf shell</p> <p>Anterior Floor Reaction (standard if not selected)</p> <p>Posterior</p>	3mm	4mm	5mm	6mm	Other: _____	
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* Based on Kendall and Kendall scale presented in "Muscle Testing and Function," Williams and Wilkins Co., ©1971. Five point grading system: 5 = Motion against gravity, with full resistance; 4 = Motion against gravity, with some resistance; 3 = Motion against gravity, with no resistance; 2 = Motion, with gravity omitted; 1 = Some muscle contractility with no joint motion; 0 = No muscle contractility.

** Indicates whether the device accommodates the degree of corrected joint deviation, from anatomical neutral position.

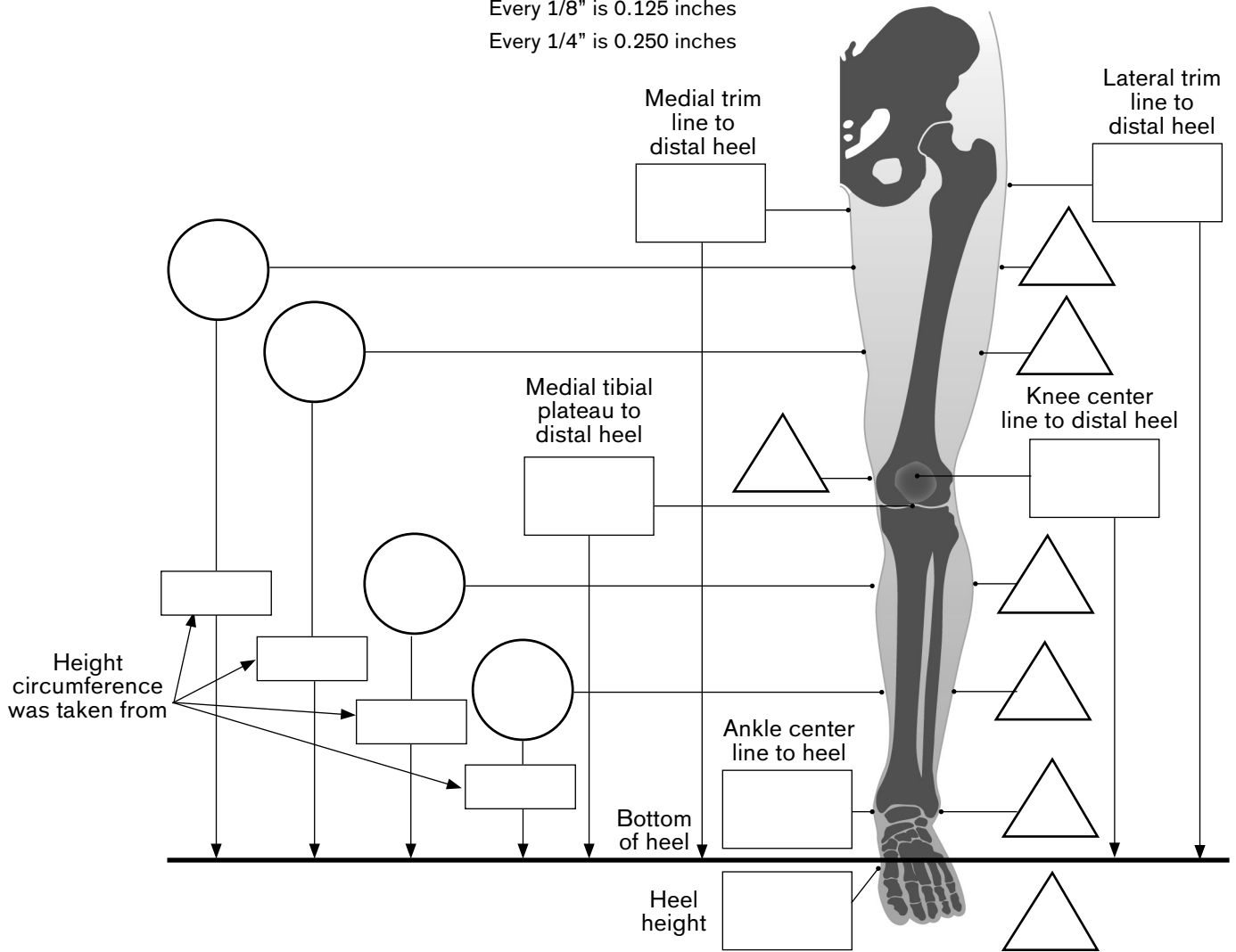
Measurements were taken Supine Semi Weight Bearing

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 _____

Special Instructions / Comments