

## Account Information

Date Account Number

Bill To

Phone Number Fax Number

Email Address Buyer

P.O. Number Patient Name

## Ship To

Name

Address

City State/Zip Code

Phone Number

Please complete this form and return to Ottobock by fax OR click the button to send via email.

**Order**

**Quote Only**

## C-Brace Orthotronic Mobility System

### *Patient Data and Order Form*

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.

Effective Date 2/1/2016

### *Shipping Options:*

Next Day

Ground

2-Day

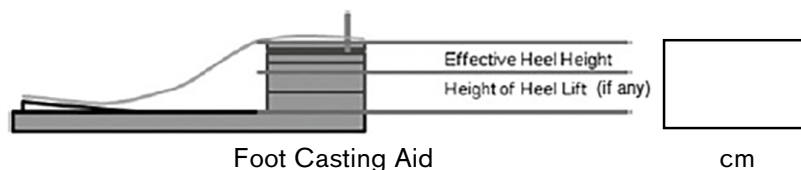
Other

### Notes:

**Approved Casting Technique Required.**

**For clinical questions call 800.328.4058. Note: Training Required.**

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #e0e0e0;">Specify</th> </tr> <tr> <td>                 Left                      Right                  Patient Weight             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Spring Element</th> </tr> <tr> <td>                 Fiberglass (220 lbs weight limit)                  Carbon (243 lbs weight limit)                  Heavy Duty Carbon (275 lbs weight limit)                  Sensor Ankle Double Upright Double Action Ankle (275 lbs weight limit)                  Sensor Ankle Single Upright Double Action Ankle (220 lbs weight limit lateral joint placement).             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Fitting Stage</th> </tr> <tr> <td>                 Test-Orthosis                  or                  Prepreg C-Brace Orthosis             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Definitive Options</th> </tr> <tr> <th style="background-color: #e0e0e0;">Straps and Tongues</th> </tr> <tr> <td>                 Standard Configurations:                      2 Thigh Straps, 1 Calf Strap both with Lateral Attached Tongue                      2 Thigh Straps with Lateral Attached Tongue, and Bilateral Overlapping attached Tongues on Calf                  Additional Strap(s) Specify                  Additional Tongue(s) Specify             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Liner Options (includes 2 sets)</th> </tr> <tr> <td>                 EVA (black)                  Terry Cloth (Blue)                  AirFlex – standard option (black)             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Corrective Pads</th> </tr> <tr> <td>                 Medial Thigh              Medial Calf                  3mm      4mm      5mm      6mm                  Other             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Finish</th> </tr> <tr> <td>                 Finished satin black (standard if no option selected)                  Fabric Design, specify                  Powder Coat (please check color)                  Black      Gray      Blue      White      Tan             </td> </tr> </table>	Specify	Left                      Right Patient Weight	Spring Element	Fiberglass (220 lbs weight limit) Carbon (243 lbs weight limit) Heavy Duty Carbon (275 lbs weight limit) Sensor Ankle Double Upright Double Action Ankle (275 lbs weight limit) Sensor Ankle Single Upright Double Action Ankle (220 lbs weight limit lateral joint placement).	Fitting Stage	Test-Orthosis or Prepreg C-Brace Orthosis	Definitive Options	Straps and Tongues	Standard Configurations: 2 Thigh Straps, 1 Calf Strap both with Lateral Attached Tongue 2 Thigh Straps with Lateral Attached Tongue, and Bilateral Overlapping attached Tongues on Calf Additional Strap(s) Specify Additional Tongue(s) Specify	Liner Options (includes 2 sets)	EVA (black) Terry Cloth (Blue) AirFlex – standard option (black)	Corrective Pads	Medial Thigh              Medial Calf 3mm      4mm      5mm      6mm Other	Finish	Finished satin black (standard if no option selected) Fabric Design, specify Powder Coat (please check color) Black      Gray      Blue      White      Tan	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: #e0e0e0;">Proximal Thigh Flare</th> </tr> <tr> <td>                 Yes      No             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Reduce medial knee joint clearance from test orthosis design</th> </tr> <tr> <td>                 mm's.             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Proximal Anterior Calf Fit</th> </tr> <tr> <td>                 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.             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Ankle clearance for sensor ankle</th> </tr> <tr> <td>                 mm Medial (5 is standard)                   mm Lateral (3 is standard).             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Spring Element</th> </tr> <tr> <td>                 Spring Element optional design run prepreg calf section distally to just proximal to malleoli for greater ankle valgus/varus control (please circle Valgus Varus, or both)             </td> </tr> <tr> <th style="background-color: #e0e0e0;">Sensor Ankle optional designs</th> </tr> <tr> <td>                 Posterior calf with anterior tongue                  Floor Reaction anterior calf.             </td> </tr> </table>	Proximal Thigh Flare	Yes      No	Reduce medial knee joint clearance from test orthosis design	mm's.	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 sensor ankle	mm Medial (5 is standard)  mm Lateral (3 is standard).	Spring Element	Spring Element optional design run prepreg calf section distally to just proximal to malleoli for greater ankle valgus/varus control (please circle Valgus Varus, or both)	Sensor Ankle optional designs	Posterior calf with anterior tongue Floor Reaction anterior calf.
Specify																												
Left                      Right Patient Weight																												
Spring Element																												
Fiberglass (220 lbs weight limit) Carbon (243 lbs weight limit) Heavy Duty Carbon (275 lbs weight limit) Sensor Ankle Double Upright Double Action Ankle (275 lbs weight limit) Sensor Ankle Single Upright Double Action Ankle (220 lbs weight limit lateral joint placement).																												
Fitting Stage																												
Test-Orthosis or Prepreg C-Brace Orthosis																												
Definitive Options																												
Straps and Tongues																												
Standard Configurations: 2 Thigh Straps, 1 Calf Strap both with Lateral Attached Tongue 2 Thigh Straps with Lateral Attached Tongue, and Bilateral Overlapping attached Tongues on Calf Additional Strap(s) Specify Additional Tongue(s) Specify																												
Liner Options (includes 2 sets)																												
EVA (black) Terry Cloth (Blue) AirFlex – standard option (black)																												
Corrective Pads																												
Medial Thigh              Medial Calf 3mm      4mm      5mm      6mm Other																												
Finish																												
Finished satin black (standard if no option selected) Fabric Design, specify Powder Coat (please check color) Black      Gray      Blue      White      Tan																												
Proximal Thigh Flare																												
Yes      No																												
Reduce medial knee joint clearance from test orthosis design																												
mm's.																												
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 sensor ankle																												
mm Medial (5 is standard)  mm Lateral (3 is standard).																												
Spring Element																												
Spring Element optional design run prepreg calf section distally to just proximal to malleoli for greater ankle valgus/varus control (please circle Valgus Varus, or both)																												
Sensor Ankle optional designs																												
Posterior calf with anterior tongue Floor Reaction anterior calf.																												



Please indicate if measurements\* were taken:

Supine

Semi Weight Bearing

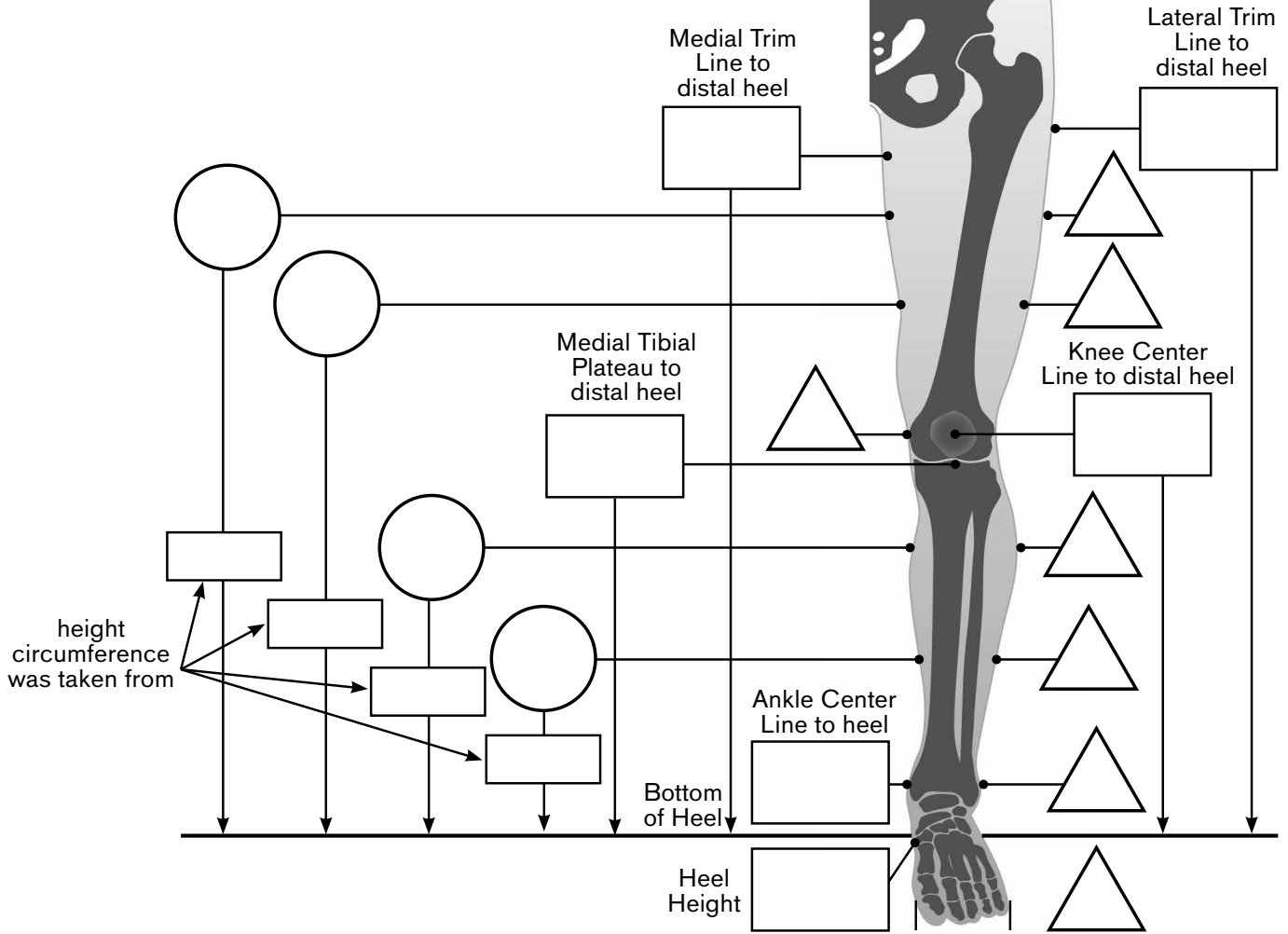
### Measurements in Centimeters Only

(Please convert to centimeters if not taken in centimeters)

To convert take: inches x 2.54 = centimeters

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:

\* All measurements must be indicated in centimeters.