

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

Shipping Options:

Next Day

Ground

2-Day

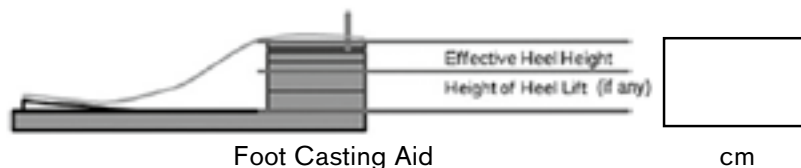
Other

Notes:

Approved Casting Technique Required.

For clinical questions call 800.328.4058. Note: Training Required.

<table border="1"> <tr> <th style="background-color: #cccccc;">Specify</th> </tr> <tr> <td> Left Right Patient Weight </td> </tr> <tr> <th style="background-color: #cccccc;">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: #cccccc;">Fitting Stage</th> </tr> <tr> <td> Test-Orthosis or Prepreg C-Brace Orthosis </td> </tr> <tr> <th style="background-color: #cccccc;">Definitive Options</th> </tr> <tr> <th style="background-color: #cccccc;">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: #cccccc;">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: #cccccc;">Corrective Pads</th> </tr> <tr> <td> Medial Thigh Medial Calf 3mm 4mm 5mm 6mm Other </td> </tr> <tr> <th style="background-color: #cccccc;">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"> <tr> <th style="background-color: #cccccc;">Proximal Thigh Flare</th> </tr> <tr> <td> Yes No </td> </tr> <tr> <th style="background-color: #cccccc;">Reduce medial knee joint clearance from test orthosis design</th> </tr> <tr> <td> mm's. </td> </tr> <tr> <th style="background-color: #cccccc;">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: #cccccc;">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: #cccccc;">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: #cccccc;">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.
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Please indicate if measurements* were taken:

Supine

Semi Weight Bearing

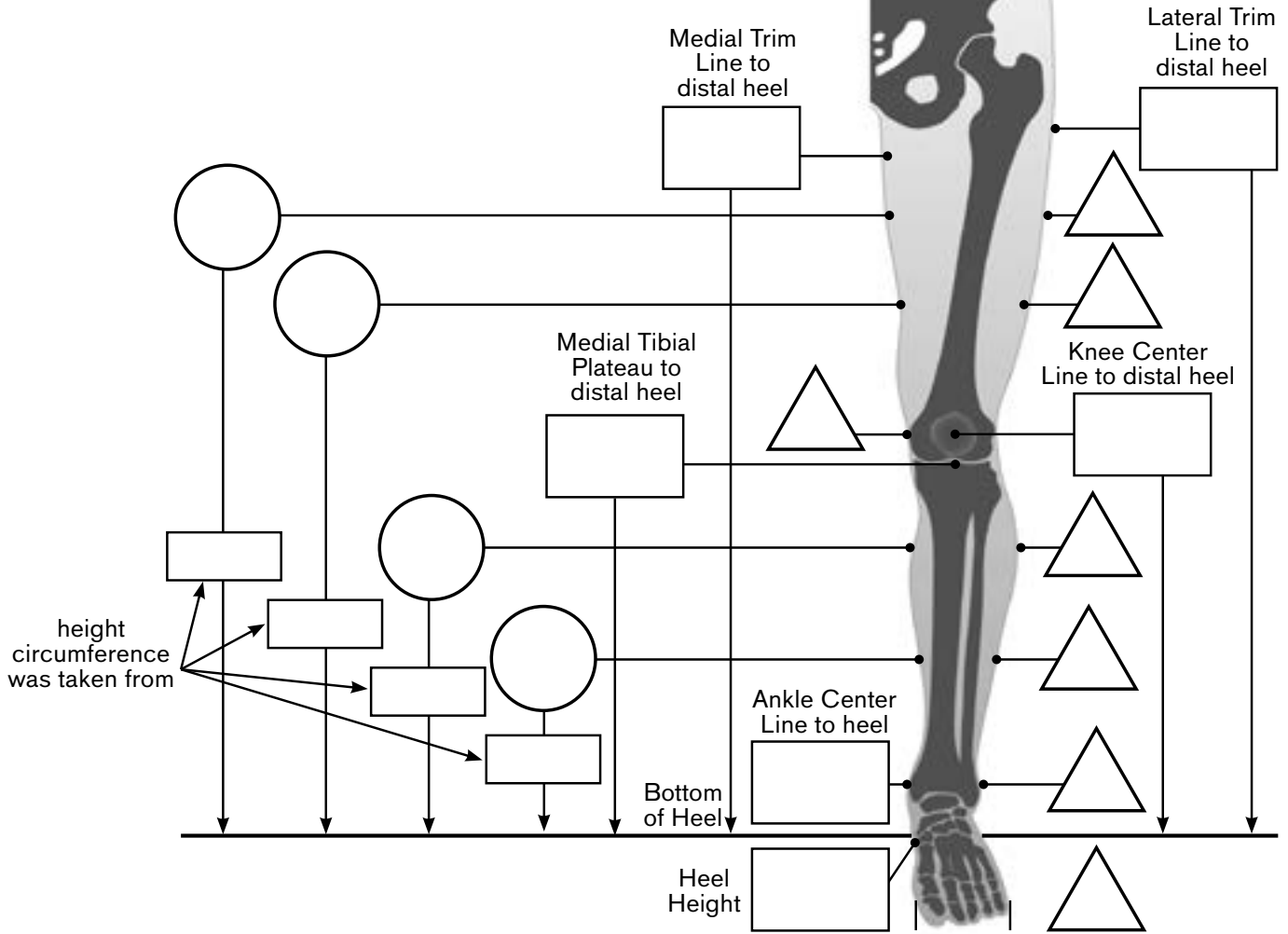
Measurements in Centimeters Only

(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.