

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:

Unilateral Joint 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

Specify
Left Right
Patient Weight
Correction to Cast
Ankle
Leave as Casted
To 90°
To ° Plantarflex
To ° Dorsiflex
Valgus/varus to neutral
Knee
Leave as Casted
To ° Flexion
To ° Extension
Valgus/varus to neutral
Fitting Stage
Test-Orthosis
or
Laminated*
Prepreg C-Brace Orthosis*
* Check orthosis required prior to fabrication

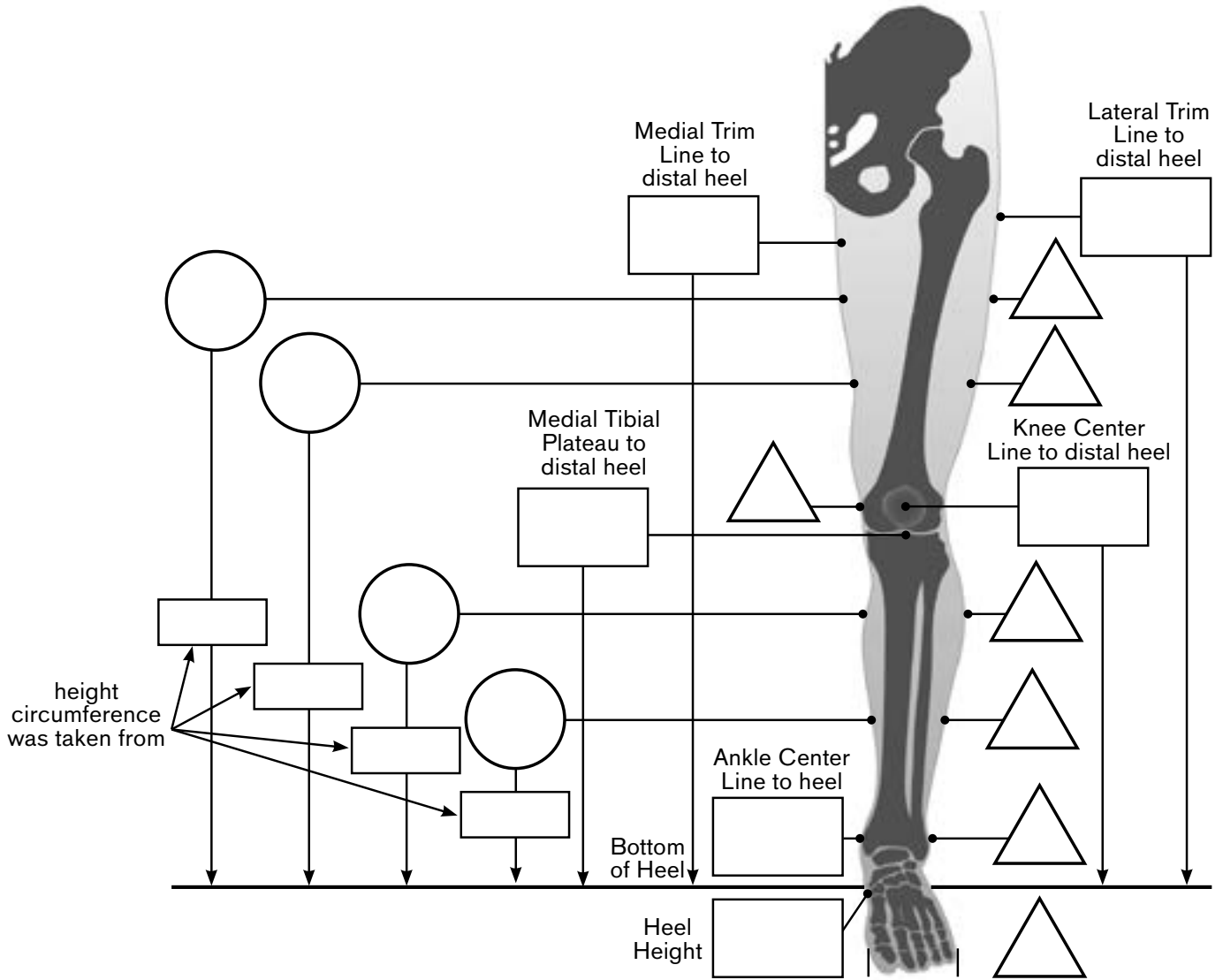
Finish
Satin Black finish (standard)
Finished satin carbon design (additional charges apply)
Fabric design; specify:
Powder Coat (please circle color, additional charges apply)
Black Gray Blue White Tan
Padding
Condyle Pad Arch Pad Malleolus Pad
Liner Options
Thigh Calf Foot
Padding Material
No Liner (patient must wear KAFO sock or similar if no liner is selected)
EVA (black)
AirFlex – standard option (black)
Terry Cloth (blue)
3mm 4mm 5mm 6mm
Other:
Thigh
Anterior shell (standard if none selected)
Posterior shell
Calf
Anterior shell (standard if none selected)
Posterior shell
Uprights
Stainless Steel (standard)
Titanium

Please indicate if measurements* were taken:

Supine

Semi Weight Bearing

Measurements in Centimeters Only
(Please convert to centimeters if not taken in centimeters)



Please indicate degrees of foot external rotation:

5

7

Other:

Special Instructions/Comments:

* All measurements must be indicated in centimeters.