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Transpelvic and Hip Prosthesis



iFab Order Form

	Account Information	Ship To Information					
Date		Name					
Account Number		Address					
Bill to		City/State/Zip					
Phone Number		Phone Number					
Email		Email					
Buyer		Desired Delivery Date					
PO Number		NOTE: To follow regulatory guidelines, Ottobock will assemble the prostheses per your direction except for attaching the foot, which will be packaged separately with your order.					

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.

Shipping	Options :
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UPS Next Day UPS Ground UPS 2-Day Other

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

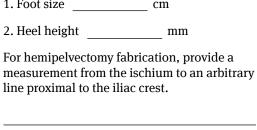
Order Quote Only For clinical questions, call 800 328 4058.

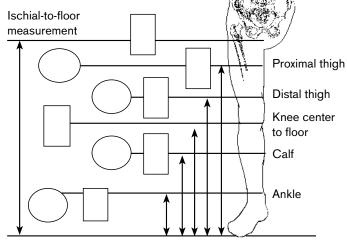
Notes:

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iFab Order Form

Patient In	nformation:										
Patient Naı	me				Patient W	eight	lbs.	Patient	Height		
Male	Female	Left I	Right	Shoe Size							
Laminatior	n Color (Be spec	ific regardin	ıg compa	any and color nar	ne or code.):						
	ormation Provi	ded With		et Fabrication Ir							
Positive Cast			Ro	ough Trial		Soft Insert Liner			Thermoplastic Liner		
Existing Socket Laminated Socket				Ι	Distal End	Pad	7	Thermolyn :	Supra Flexible		
Test Socl	ket		Не	eavy-Duty Lamina	ation			I	Proflex With	n Silicone	
								I	Proflex With	nout Silicone	
Componer	nts								Provide	d By Customer	
Нір Туре									Yes	No	
Ottobocl	k Part Numb							_			
				Specify manufa	cturer, if not O	ttobock Pa	rt Number				
									Yes	No	
Ottobocl	k Part Numb	nor		Specify manufa	cturer if not O	ttohock Pa	rt Number	_			
Pylon	T dit ivallis			- 1	ecturer, ir not o	ttobock i di	it ivallibei		Yes	No	
Steel	Titanium	Alumi							100	110	
									Yes	No	
-	rque Absorber								105	110	
4165 10	rque ribborber	Ot	ttobock Pa	art Number – specify	manufacturer	if not Ottol	bock part				
Foot									Yes	No	
Ottobocl		Fo	ot					Foot			
	Part Numb	er		Specify manufa	cturer, if not O	ttobock Pa	rt Number				
Measurem									land.	rie N	
(Take all m all measure	neasurements v ements in millin	with patient neters unle:	t's shoe ss other	ott. Record wise noted.)	Ischial-to-f	loor			A Park		
				,	measurem	ent				<u> </u>	
1 Foot size		am.								Proximal thigh	
1. Foot size cm					\mathcal{I}	$\overline{}$	٦ L	_ 			
2. Heel heig	ght	mm				¬ (\mathcal{H}		1	Distal thigh	
For hemipelvectomy fabrication, provide a									Knee center		





Phone: 800 328 4058 • Fax: 800 810 7994 Email: fabrication@ottobock.com