

Transfemoral or Knee Disarticulation iFab Order Form



Account 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"/>	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:

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:

Transfemoral or Knee Disarticulation

iFab Order Form

Patient Information:

Patient Name _____ Patient Weight _____ lbs. Patient Height _____

Male Female Left Right Shoe Size _____

Lamination Color (Be specific regarding company and color name or code.):

Socket Information Provided With

Socket Fabrication Instructions

Positive Cast	Rough Trial	Valve	Thermoplastic Liner
ETS Form	Laminated Socket	Adapter	Thermolyn Supra Flexible
Existing Socket	Heavy-Duty Lamination	With Cut Outs <small>Must supply trim lines</small>	Proflex With Silicone
Test Socket	Soft Inner Liner	Without Cut Outs	Proflex Without Silicone

Components

Provided By Customer

Knee Type _____ Yes No

Ottobock _____ Knee _____ Knee
Part Number Specify manufacturer, if not Ottobock Part Number

Pylon _____ Yes No

Steel Titanium Aluminum

Pylon Adapter _____ Yes No

4R39 Torque Absorber _____
Ottobock Part Number – specify manufacturer if not Ottobock part

Foot _____ Yes No

Ottobock _____ Foot _____ Foot
Part Number Specify manufacturer, if not Ottobock Part Number

Socket Valve Type _____ Yes No

Ottobock _____
Part Number Specify manufacturer, if not Ottobock Part Number

Measurements

(Take all measurements with patient's shoe off. Record all measurements in millimeters unless otherwise noted.)

- Residual Limb Flexion angle _____ °
- Set Socket in _____ ° of Flexion
- Foot size _____ cm
- Heel height _____ mm

