

Myoelectric Upper Limb Prosthesis **ottobock.**

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"/>		

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

Myoelectric Upper Limb Prosthesis

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Please complete this form carefully. Detailed information will allow for more accurate and efficient fabrication.

Prosthesis User

Patient Name _____

Gender Male Female

Amputation side Left Right

Amputation level _____

Job Type

Test Socket

Material _____

Rough Trial Set Up

Material _____

Definitive Socket

Selections below

Duplication

Socket Only

Entire Prosthesis (check all that apply)

Transfer all existing components

Use new components

Maintain existing alignment
& measurements

Use new alignment

& measurements

Notes

Please note: foam covers are no longer offered.

Socket Lamination

Rigid

Heavy Duty Construction

Flexible Proximal Brim

Color _____

Pull-In Tube Options

99B13 Standard Pull Tube

12V10 Tube Valve
(includes pull tube)

Other _____

Input Devices & Quantity

13E200 Electrode

Quantity _____

13E202 Suction Electrodes

Quantity _____

Switch / Linear Transducer

Type _____

To Control _____

Myo Plus Pattern Recognition

Other _____

Inner Socket

Lamination

Proflex

with silicone

without silicone

Thermolyn SupraFlex

Color _____

Valve Options

21Y14 Push Valve

21Y21 Click Valve

Other _____

Battery Selections

MyoEnergy Integral Batteries

757B35=0 (300mAh)

757B35=1 (600mAh)

757B35=3 (1150mAh)

757B35=5 (3450mAh)

757L35 MyoCharge Integral

757L43 USB Charging Adapter

4X74 Car Charging Adapter

757B13 Interchangeable Battery for 4.8V Children's System

757B13 4.8V Children's

System Charger

4X74 Car Charging Adapter

757B15 X-Change Packs

4X74 Car Charging Adapter

Energy Pack Li-Ion External Batteries

757B20 Energy Pack – Large

757B21 Energy Pack – Small

Color 4 (beige)

Color 11 (light brown)

Color 15 (dark brown)

Color Black

757L20 Li-Ion Battery Charger

4X74 Car Charging Adapter

Myoelectric Upper Limb Prosthesis

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Hand / Terminal Device Selection

bebionic Hand:

- Quick Disconnect (EQD)
- Short Wrist
(includes 9S110 lamination ring)
- Flexion (built in EQD)
- Small – White
- Small – Black
- Medium (black only)
- Silicone Glove Color _____

Michelangelo Hand:

- Quick Disconnect (EQD, includes 9S500 Flexion adaptor Transcarpal

Please Refer to Michelangelo Order Form

AxonRotation:

- Passive
- Active

AxonHook

SensorHand Speed:

- Quick Disconnect
- Wrist Disarticulation
- 7 ¼ Size
- 7 ¾ Size
- 8 ¼ Size
- PVC Glove Color _____
- Skin Natural Glove Color _____

MyoHand VariPlus Speed:

- Quick Disconnect
- Wrist Disarticulation
- Threaded Stud
- Flexion (VariPlus Speed only)
- 7 ¼ Size
- 7 ¾ Size
- 8 ¼ Size
- PVC Glove Color _____
- Skin Natural Glove Color _____

DMC Plus Hand:

- Quick Disconnect
- Wrist Disarticulation
- Transcarpal
- 8R1 Endo System
(for Trans Carpal Only)
- Size 7
- PVC Glove Color _____

Skin Natural Glove Color _____

Digital Twin Hand:

- Quick Disconnect
- Wrist Disarticulation
- 7 ¼ Size
- 7 ¾ Size
- 8 ¼ Size
- PVC Glove Color _____

Skin Natural Glove Color _____

System 2000 Pediatric Hand:

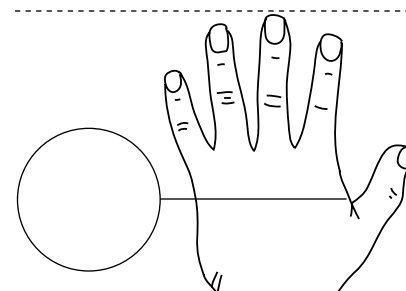
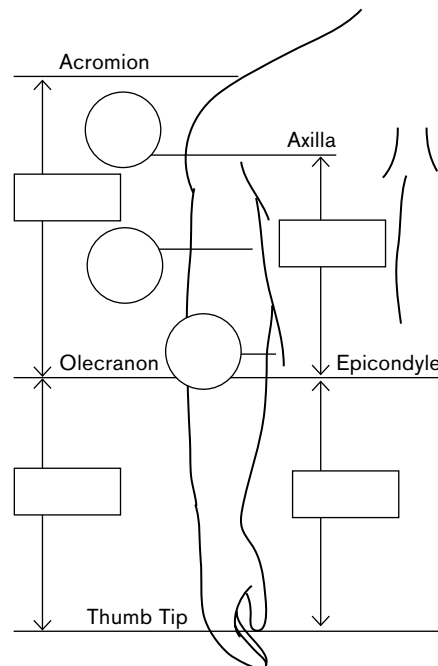
- 5 Size
- 5 ½ Size
- 6 Size
- 6 ½ Size
- PVC Glove Color _____
- Skin Natural Glove Color _____

7 in 1 Controller
(requires 60X6 Myolino Link)

Greifer – DMC VariPlus System Electric:

- Quick Disconnect
- Wrist Disarticulation
- 9S278=PAA Larger Hook Tips
w/o padding

Measurements



Special instructions

Wrist Units

- | | |
|---|---|
| 10V38 MyoWrist Transcarpal | 10S1 Lamination Ring, Size _____ |
| 10V40 MyoWrist 2Act | 10S17 Electric Wrist rotator |
| 10V51 MyoLino Wrist for Children's System | 13E205 Myo Rotronic |
| | Standard Wrist (9E169 coaxial plug + 10S4 coupling piece) |

Elbow Selection

- | | |
|---|--|
| 12K44 ErgoArm (mechanical lock) | 12K12 MovoLinoArm Friction (pediatric) |
| 12K50 ErgoArm (electric lock) | 12K501 AxonArm Ergo |
| ErgoArm Color (4, 7, 11, 15) _____ | <i>Please Refer to Michelangelo Order Form</i> |
| <i>Note: colors 11 & 15 are only available in size 50</i> | 13E100 Analog Adapter |
| 12K100N DynamicArm | |
| 12K110N DynamicArm Plus | |
| DynamicArm Color (4, 7, 11, 15) _____ | |

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Guidelines for Upper Extremity Custom Fabrication

Mail To Us

Please supply us with one of the following, **making sure your sample requires nothing more than smoothing prior to fabrication:**

- Modified plaster positive
- Negative wrap taken from a modified positive
- Check socket
- For shoulder disarticulation or forequarter, we prefer a full thoracic negative plaster for joint placement. Include anterior and lateral alignment lines. The complete tracing of the upper body should include the following:
 - Mid-line of the body
 - Circumference measurements of the arm and shoulder at the axilla

Markings

- **Mark the olecranon or epicondyle area** for transradial (below-elbow) or wrist disarticulation.
- **Mark the joint center** for elbow disarticulation.
- **Mark the acromion area** for transhumeral (above-elbow), shoulder disarticulation or forequarter.

Lamination

Ottobock fabrication procedures and other industry standards are applied during the lamination process. Only high-grade materials and acrylic resins are used.

Call Customer Service at 1 800 328 4058 to request glove color swatches for PVC or Skin Natural Gloves.

Fabrication Center: 3820 West Great Lakes Drive, Salt Lake City, UT 84120

Turnaround Time

The Ottobock Fabrication Center will do its utmost to meet your expected delivery time and will contact you to confirm your requested delivery date.

The time needed for fabrication can vary according to the job specifics, the availability of components, and the accuracy of the information provided.

Special Instructions