

## Transpelvic and Hip Prosthesis

### Order Form

Please mail your completed Ottobock order form and a positive or 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 \_\_\_\_\_

Company \_\_\_\_\_

Practitioner \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Patient Name \_\_\_\_\_

Requested Due Date \_\_\_\_\_

PO Number \_\_\_\_\_

#### Patient Information

- Left     Right    Patient Weight: \_\_\_\_\_  
 Male     Female    Patient Height: \_\_\_\_\_  
 Lamination Color (Be specific regarding company and color name or code): \_\_\_\_\_  
 Shoe Size: \_\_\_\_\_

#### Socket Information Provided With

- Positive Cast  
 Existing Socket  
 Test Socket

#### Socket Fabrication Instructions

(Check all that apply)

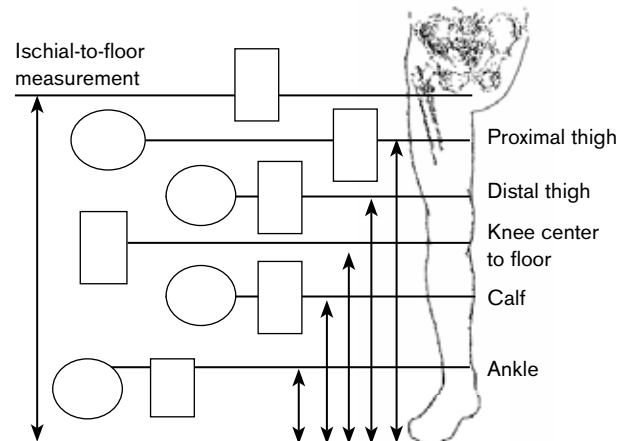
- Heavy-Duty Lamination     Rough Trial  
 Complete     Finish  
 Laminated Socket     Finish Socket Lamination  
 Soft Insert     End Pad  
 Foam Cover  
 Thermoplastic Liner - Plastic Type  
 Modified Polyethylene Socket with Laminated Distal Frame

#### Measurements

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

1. Foot Size: \_\_\_\_\_ cm  
 2. Heel Height: \_\_\_\_\_ mm

For hemipelvectomy fabrication, provide a measurement from the ischium to an arbitrary line proximal to the iliac crest.



#### Components

- |   | <b>Provided by customer</b>                              |
|---|--|
| Hip Type  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> _____<br>Ottobock Part Number - specify manufacturer if not Ottobock part  |  |
| Knee Type   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> _____<br>Ottobock Part Number - specify manufacturer if not Ottobock part  |  |
| Pylon   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Steel <input type="checkbox"/> Titanium <input type="checkbox"/> Aluminum  |  |
| Pylon Adapter   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> 4R39 Torque Absorber<br><input type="checkbox"/> _____<br>Ottobock Part Number - specify manufacturer if not Ottobock part |  |
| Foot  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> _____<br>Ottobock Part Number - specify manufacturer if not Ottobock part  |  |

**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.

Fabrication Center: 1130 S. 3800 West, Ste. 400, Salt Lake City, UT 84104

For more information please visit our web site at [www.ottobockus.com](http://www.ottobockus.com)