

# Order Form Customized

## Swing Phase Lock 2 - C.O.S.™ Pre-preg orthosis

### Shipping Address

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact : \_\_\_\_\_ Fax: \_\_\_\_\_  
Street: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Place: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cust. nr.: \_\_\_\_\_

### Patient Information

Name: \_\_\_\_\_  Male  Female  Child  
Diagnosis: \_\_\_\_\_ Side:  Left  Right  
Weight: \_\_\_\_\_ kg Height: \_\_\_\_\_ cm Age: \_\_\_\_\_  
Activity Level:  Low  Average  High

### Terms (mandatory)

- 1) Mechanical Knee- and Ankle Axis are marked on Plaster (negative)  Loaded (advised!)  Unloaded  
2) Plaster (negative) is closed en marked with Patient Name  
3) Template inner shoe sole

### Instructions for correcting Plaster

- No corrections necessary  Please make following corrections
- |                 |  |            |              |  |            |
|-----------------|--|------------|--------------|--|------------|
| <b>Knee</b>     | <input type="checkbox"/> Varus             | + _____ °  | <b>Ankle</b> | <input type="checkbox"/> Dorsal Flexion    | + _____ °  |
|                 | <input type="checkbox"/> Valgus            | + _____ °  |              | <input type="checkbox"/> Plantar Flexion   | + _____ °  |
|                 | <input type="checkbox"/> Clearance Medial  | + _____ mm |              | <input type="checkbox"/> Inversion         | + _____ °  |
|                 | <input type="checkbox"/> Clearance Lateral | + _____ mm |              | <input type="checkbox"/> Eversion          | + _____ °  |
| <b>Forefoot</b> | <input type="checkbox"/> Varus             | + _____ °  |              | <input type="checkbox"/> Clearance Medial  | + _____ mm |
|                 | <input type="checkbox"/> Valgus            | + _____ °  |              | <input type="checkbox"/> Clearance Lateral | + _____ mm |

#### **Important:**

- Plaster is taken in Neutral Position and possibly loaded.
- Mechanical Knee- and Ankle Axis for the orthosis are clearly marked onto the Plaster (negative).

**Plasters, which do not meet the commonly applying conditions for the production of an orthosis, cannot be taken into production.**

### Remarks:

---

---

---



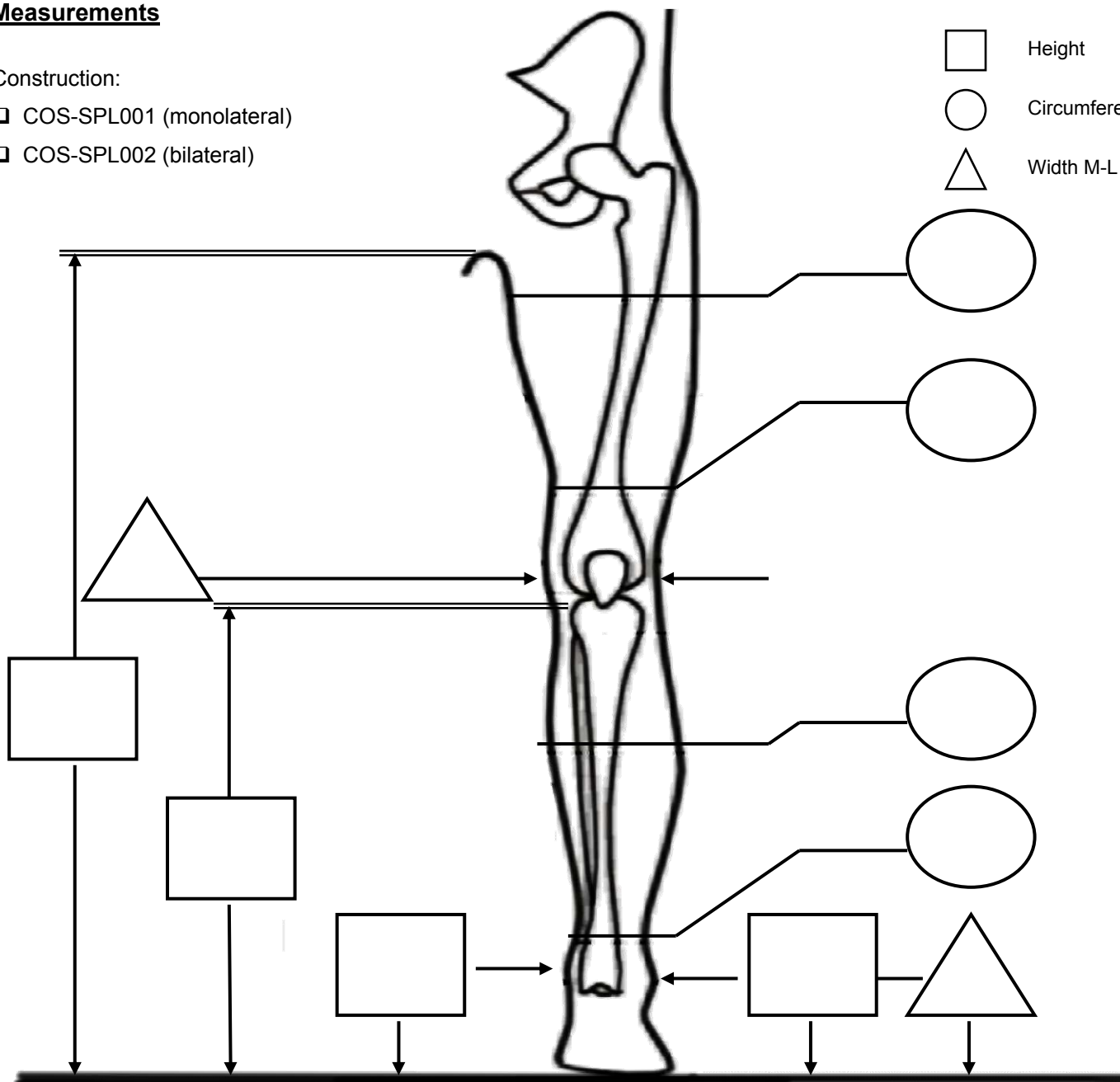
**DeNovo**  
**Healthcare Ltd**  
QUALITY • SERVICE • CHOICE

**Measurements**

Construction:

- COS-SPL001 (monolateral)
- COS-SPL002 (bilateral)

- Height
- Circumference
- Width M-L



**Guaranteed Fit**

The Basko Healthcare C.O.S.™ Swing Phase Lock 2 prefab orthosis is covered by a 3 week guaranteed fit from the date of delivery. The Orthosis is made of Pre-preg Carbon fiber. This material is very rigid and extremely light weight. Pre-preg Carbon fiber is a non-thermoplastic and therefore not re-shapeable.

**Guaranteed Fit Terms**

- Patient has a stable Knee- and Ankle Joint in the frontal plane.
- Cast Model (negative) is made in Neutral Position and possibly loaded.
- Cast Model (negative) is closed and both Mechanical Knee- and Ankle Axis for the orthosis are clearly marked onto the model.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (in capitals please)

\_\_\_\_\_

Company Stamp