



TF ÖSSUR LEG ORDER FORM PACKAGE

Thank you for ordering a TF Össur Leg from Össur Custom Solutions.
This package includes all the order forms needed to define the transfemoral leg, order the check socket and then order the definitive socket.

STEP ONE: ORDER THE COMPLETE LEG AND CHECK SOCKET

- Complete the TF Össur Leg Order Form and send to Össur Custom Solutions. If you want the liners sent first so you can cast or scan over the new liners, please check the box next to Liners in the Products Section.
- Össur Custom Solutions will then create and send you a quote detailing all items in the Össur Leg.
- Approve the quote and provide a purchase order number to finalize the order.
- Measure the residual limb.

VIA PAPER

Cast over the same type and size liners the amputee will use. Complete the Measurements section of the attached TF Össur Leg Order Form. Send cast and TF Össur Leg order form to Össur Custom Solutions (see form for address).

VIA ÖSSUR PORTAL

Input measurements in the Össur Portal. For knee disartic sockets, scan over the same type and size liner the amputee will use. Send the order to Össur Custom Solutions via the Portal.

STEP TWO: FIT THE CHECK SOCKET, MAKE ANY NECESSARY MODIFICATIONS

STEP THREE: ORDER THE DEFINITIVE SOCKET

- Fill out the attached TF Össur Leg Definitive Socket Order Form.
- Send TF Össur Leg Definitive Socket Order Form and modified check socket to Össur Custom Solutions (see form for address).

This form is available in electronic form you can fill out electronically and email or print.
Please contact Össur Customer Service for a copy.

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ÖSSUR CUSTOM SOLUTIONS
7199 S. CONWAY RD #100 | ORLANDO, FL 32812
TEL (888) 839-6213, FAX (407) 367-3695
CS@OSSUR.COM | OSSUR.COM

TF ÖSSUR LEG ORDER FORM PACKAGE

Send all casts, sockets, files to: 7199 S Conway Rd #100, Orlando, FL 32812

tel: (888)839-6213, fax: (800)788-9878 | cs@ossur.com | www.ossur.com

AREA MANAGER INFORMATION

Area Manager: phone: email:

Notes:

BILLING & SHIPPING INFORMATION

Össur Account #:

Contact for ordering or delivery questions:

Contact:

Email:

Mobile Phone:

Ship To:

Company:

Address:

City/State/Zip:

Contact:

Phone:

Fax:

Email:

PO#:

Shipping Check Priority: Next Day Air **2nd Day**
Include return shipping label (\$50 charge inside 48 states)

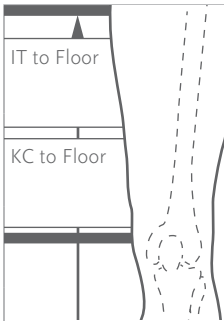




Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information enables us to provide the highest quality product for you and your patient.

REQUIRED PATIENT INFORMATION

Last Name:	Height:	ft.	in.	Impact Level:	High	Med	Low	Amputation Level:	TF	KD	
First Name:	Weight:	lbs.		K-Level:	K1	K2	K3	K4	Left	Right	Bilat Order

MEASUREMENTS

Call to discuss before design

MEASUREMENTS**			BRIM		DISTAL END SHAPES				
	Length:		Soft IC	IC	Quad	Cylindrical	Squared	Bulbous	Conical
	Level	Tight* Loose*							
	5cm								
	10cm								
	15cm								
	20cm								
	25cm								
	30cm								
			LINER USED			*ANGLES			
			Total Reduction			Flexion: Adduction:			
			%			*Expulsion/vacuum angles are 3° unless specified above.			
			Ply			Center socket adapter distally, regardless of angles requested			
*No reduction when tight and loose measurements provided.									

**Length and circumferences are required. If not provided and socket fit requires remake, customer is responsible for cost of remake.

Cast sent to Össur Custom Solutions (optional) Check here to receive foam carving for this order.




NOTES:

TF ÖSSUR LEG ORDER FORM PACKAGE

PRODUCTS






1. ASSEMBLY (check one)

Note: Customer responsible for torque and Loctite® on all check leg screws and bolts distal to Össur socket adapter

Partial Assembly: Customer cuts pylon to final height (default option)	Partial Assembly: Össur cuts pylon to height using landmark to floor measurement
	
Full Assembly by Customer	
	
Include amputee leg bag	

2: LINERS (check one then fill in desired sizes and options)





Send liners first for casting

Locking Options		Seal-In Options					
	TF Locking					Classic Seal Volume Seal Grip Seal	LINER SIZE
	LINER SIZE						Standard Conical
							RING SIZE

TF ÖSSUR LEG ORDER FORM PACKAGE

PRODUCTS

3: SOCKETS (check options)

Check socket ONLY package	Check socket + Definitive package		Definitive ONLY package	
 <p>PETG Rigid Check Thermolyn Check Flexible Inner Include second check socket</p>	 <p>PETG Rigid Check Thermolyn Check Flexible Inner Include second check socket</p>	 <p>Laminated, with flexible inner Laminated no flexible inner</p>	 <p>Laminated, with flexible inner Laminated no flexible inner</p>	
Direct Socket TF				
Material kit:		Brim:		
		Fiberglass black resin	Fiberglass neutral resin	Basalt Carbon
5" Material Kit - Medium Distal End (400 ml Resin Tube)				
7" Material Kit (400 ml Resin Tube) Medium Distal End Large Distal End (Most Common)				
9" Material Kit - Large Distal End (400 ml Resin Tube)				
Connect TF Socket				
Limb circumference (mm):		Requested size:	Medium	Large
Limb length (mm):		Requested size:	Short	Standard

4: SUSPENSION & SOCKET ADAPTER

LOCKING OPTIONS

<p>Icelock 621 Ratchet & Extra Pin 🔗</p> 	<p>Icelock 651 Smooth & Extra Pin 🔗</p> 	<p>Icelock 600XM</p> 	<p>Icelock 211 Clutch & Extra Pin Icelock 214 4-Hole Clutch & Extra Pin</p> 	<p>Icelock 234 Lanyard</p> 
Works With				
<p>Icelock 672 Male Pyramid Ti 🔗 Icelock 673 Male Pyramid Al</p> 	<p>Icelock 674 4-Hole Adapter Al Icelock 675 4-Hole Adapter Ti</p> 			

EXPULSION OPTIONS

<p>Icelock 544 Expulsion Kit</p> 	<p>Icelock 552 Expulsion Valve 🔗</p> 	<p>Unity Valve TF 🔗</p> 	<p>Icelock 544 Unity Plate</p> 
	Works With		
	<p>Icelock 544 Socket Adapter</p> 	<p>3-Prong Socket Adapter 4-Prong Socket Adapter</p>	

Other (write in):

[🔗](#) Waterproof rated Össur products provide permanent protection against harmful ingress of fresh, salt or chlorinated water, even after submersion.

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PRODUCTS

5: ENDOSKELETAL COMPONENTS (check all that apply)



4-HOLE ADAPTERS

- 4-Hole Male
- 4-Hole Female
- 4-Hole Male w/ Rotation
- 4-Hole Female w/ Rotation
- 4-Hole Male w/ 8mm Ax Offset
- 4-Hole Female Pyramid 20/20 Offset
- 4-Hole Female Pyramid 20/20 Offset, 10 degree, Right
- 4-Hole Female Pyramid 20/20 Offset, 10 degree, Left



INSERTS FOR PRONG

- Male Insert for Prong
- Female Insert for Prong
- LP Female Inserts for Prong



DOUBLE ADAPTERS

- Female Double Adapter 32mm
- Female Double Adapter 45mm
- Female Double Adapter 60mm
- Female Double Adapter 75mm



PYLONS

- Height Adjustable Standard
- Height Adjustable Long
- Female Short Female Kit Short
- Female Long Female Kit Long



ROTATION ADAPTER

- Knee Rotation Adapter (not included in package price)



TUBE CLAMPS

- Male Tube Clamp
- Female Tube Clamp
- 4-Hole Tube Clamp



SINGLE ADAPTERS

- Male Single Adapter Short
- Male Single Adapter Long
- Female Single Adapter Short
- Female Single Adapter Long

Other:

Össur may select different components to fit your dimensions if necessary. If you do not want Össur to make any changes, check this box:

6: KNEE (check one)

*Locking knee cables will be installed on the anterior/lateral section of the check/definitive socket unless otherwise requested in the Notes section.



Locking Knee



Balance Knee OFM1 w/ IKF Adapter w/ Male Pyramid w/ Loop Adapter



Balance Knee OFM2



Total Knee 1900 A835300 Pyramid Top Extension Assist option



Total Knee 2000 A835300 Pyramid Top Extension Assist option



OHP3 Knee w/ IKF Adapter w/ Male Pyramid w/ Loop Adapter



Total Knee 2100 A835300 Pyramid Top Extension Assist option



OH7 Knee† w/ IKF Adapter† w/ Male Pyramid† w/ Loop Adapter†



Mauch Knee Mauch Knee Plus



Rheo Knee



Rheo Knee XC



Power Knee






















† Discontinued 31 Dec 2022

TF ÖSSUR LEG ORDER FORM PACKAGE

PRODUCTS

7: FOOT: WITH OR WITHOUT UNITY (check one and fill out the options below)

No Foot **FOOT OPTIONS:** Foot Size: cm. Category (1-9) Left Right Foot Shell: Beige Brown

		Suggested L-Codes†			Suggested L-Codes†														
	Balance Foot S  with Torsion  with Unity	5972, 5986 5972, 5984, 5988 5781*		K2 Sensation with DP Flexion with Unity	5972, 5986 5972, 5968 5781*														
	Balance J with Unity	5976 5781*		Assure with Unity	5981 5781*														
	Pro-Flex ST 	5981, 5986		Vari-Flex with Unity	5981‡ 5781*														
	Talux**	5981‡, 5986‡		Pro-Flex LP Pro-Flex LP Torsion with Unity	5981, 5986 5981, 5984, 5988 5781*														
	Pro-Flex Pivot with Unity	See Össur reimbursement guide		Proprio Foot with Unity	5973‡ 5781*														
	Pro-Flex LP Align	5981, 5986, 5990		ReFlex Rotate with Unity	5987‡, 5984‡ 5781*														
	Pro-Flex XC  Pro-Flex XC Torsion with Unity	5981‡ 5987‡, 5984‡ 5781*		Torsion Shock Adapter with Male Pyramid Adapter with Female Pyramid Adapter	5984, 5988														
	ReFlex Shock with Unity	5987‡ 5781*																	
	Pro-Flex Modular 	5980‡, 5986‡	<div>Desired build height (mm):</div> <div>With foot cover on. No return or exchange after foot is cut.</div> <table><tr><th rowspan="2">Foot Size</th><th colspan="2">Build Height</th></tr><tr><th>Min</th><th>Max</th></tr><tr><td>22-24cm</td><td>157mm</td><td>313mm</td></tr><tr><td>25-27cm</td><td>168mm</td><td>327mm</td></tr><tr><td>28-30cm</td><td>176mm</td><td>340mm</td></tr></table>			Foot Size	Build Height		Min	Max	22-24cm	157mm	313mm	25-27cm	168mm	327mm	28-30cm	176mm	340mm
Foot Size	Build Height																		
	Min	Max																	
22-24cm	157mm	313mm																	
25-27cm	168mm	327mm																	
28-30cm	176mm	340mm																	

 Waterproof rated Össur products provide permanent protection against harmful ingress of fresh, salt or chlorinated water, even after submersion.

*Unity code added to other codes, e.g. Proprio Foot with Unity: 5973, 5781.

**Discontinued 31 Dec 2022

†The responsibility for accurate coding lies solely with the healthcare provider, Össur assumes no responsibility or liability for the provider's coding decisions.

‡PDAC approved.

KNIT-RITE SOFT-SOCKS

Knit-Rite socks sold separately, not included in Össur Legs pricing.

MEASUREMENT INSTRUCTIONS

Socks are sized in flat measurement, half of the circumference measurement correspond to the size measurements listed in the table. If the sock is used with a liner please measure the circumference with the liner on the patient.



Össur Soft-Sock — Black Polyester/Lycra®							
Lightweight	3-Ply	5-Ply	Size	Length	Top width	Toe width*	Fits to liner size
Qty.	Qty.	Qty.	Narrow Short	10"–14" (25–35 cm)	6" (15 cm)	4" (10 cm)	18, 20, 22
Qty.	Qty.	Qty.	Narrow Medium	16"–20" (40–50 cm)	6" (15 cm)	4" (10 cm)	18, 20, 22
Qty.	Qty.	Qty.	Narrow Long	22"–28" (55–70 cm)	6" (15 cm)	4" (10 cm)	18, 20, 22
Qty.	Qty.	Qty.	Regular X-Short	8"–12" (20–30 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Regular Short	10"–14" (25–35 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Regular Medium	16"–20" (40–50 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Regular Long	22"–28" (55–70 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Wide Short	10"–14" (25–35 cm)	9" (23 cm)	6" (15 cm)	28, 30, 32, 34
Qty.	Qty.	Qty.	Wide Medium	16"–20" (40–50 cm)	9" (23 cm)	6" (15 cm)	28, 30, 32, 34
Qty.	Qty.	Qty.	X-Wide Short	10"–14" (25–35 cm)	10" (25 cm)	7" (17.5 cm)	34, 36, 38, 40
Qty.	Qty.	Qty.	X-Wide Medium	16"–20" (40–50 cm)	10.0–12.0" (25–30 cm)	7–8" (17.5–20 cm)	36, 38, 40, 42, 45

* measured 2 inch (5cm) above distal end

Össur Hole-In-Tpe Soft-Sock - Black Polyester/Lycra®							
Lightweight	3-Ply	5-Ply	Size	Length	Top width	Toe width*	Fits to liner size
Qty.	Qty.	Qty.	Narrow Short	10"–14" (25–35 cm)	6" (15 cm)	4" (10 cm)	18, 20, 22
Qty.	Qty.	Qty.	Narrow Medium	16"–20" (40–50 cm)	6" (15 cm)	4" (10 cm)	18, 20, 22
Qty.	Qty.	Qty.	Regular X-Short	8"–12" (20–30 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Regular Short	10"–14" (25–35 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Regular Medium	16"–20" (40–50 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Regular Long	22"–28" (55–70 cm)	7–8" (17.5–20 cm)	4–5" (10–12.5 cm)	23.5, 25, 26.5, 28
Qty.	Qty.	Qty.	Wide Short	10"–14" (25–35 cm)	9" (23 cm)	6" (15 cm)	28, 30, 32, 34
Qty.	Qty.	Qty.	Wide Medium	16"–20" (40–50 cm)	9" (23 cm)	6" (15 cm)	28, 30, 32, 34

* Measured 2 inch (5cm) above distal end

CLEAR FORM

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7199 S. CONWAY RD #100 | ORLANDO, FL 32812
TEL (888) 839-6213, FAX (407) 367-3695
CS@OSSUR.COM | OSSUR.COM



BILLING & SHIPPING INFORMATION

Össur Account #:

CONTACT FOR ORDERING OR DELIVERY QUESTIONS:

Contact:

Email:

Mobile Phone:

Ship To:

Company:

Address:

City/State/Zip:

Contact:

Phone:

Email:

Fax:

PO#:

Shipping Check Priority: Next Day Air **2nd Day**

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information enables us to provide the highest quality product for you and your patient.

PATIENT INFORMATION

Last Name:

Impact Level: High Medium Low

First Name:

Amputation Level: AK KD

Weight:

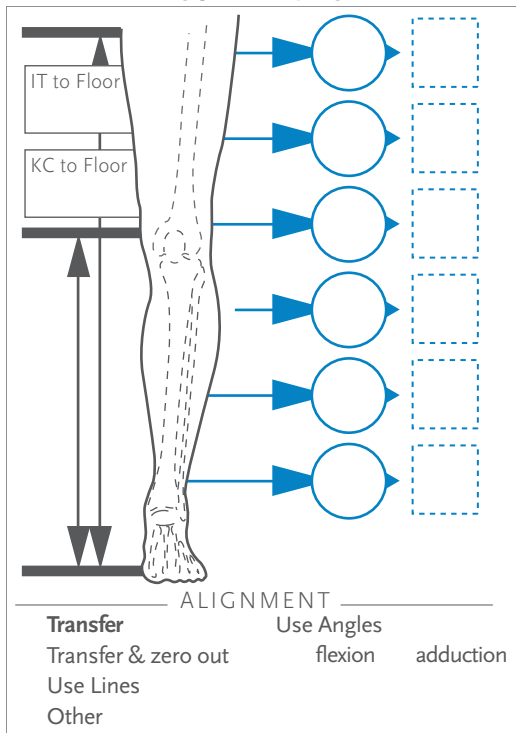
lbs.

Left: Right: Bilat Order:

DEFINITIVE SOCKET

■ Call to discuss before fabrication

TF MEASUREMENT CHART



IT to Floor

KC to Floor

ALIGNMENT

Transfer Use Angles

Transfer & zero out flexion adduction

Use Lines

Other

*ITEMS IN BOLD ARE THE DEFAULT SELECTIONS UNLESS OTHERWISE SPECIFIED

From Socket From Cast From CAD/AOP file dated:

FABRICATION

SOCKET MATERIAL

INNER LAMINATION FINISH

Proflex **Carbon**

MPE Basalt

Keasy Color (PRS Pigment 1-16)

Mediflex Decorative Lamination

Pelite Polypro

SPECIAL FABRICATION

RevoFIT Socket (draw windows and dial location on check socket)

Pads on RevoFIT panels

[Cosmetic Cover \(see left\)](#)

Torque and Loctite® all screws and bolts in Össur components.

We will remove and return any alignment adapters you added unless you specify in Notes for us to reattach them.

CUSTOMER NOTES

MODIFICATIONS

SOCKET SIZING

Increase

Decrease

%:

Ply:

PROSTHETIC HEIGHT

(optional)

Transfer

Extend:

Shorten:

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