

TT ÖSSUR LEG ORDER FORM PACKAGE

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



STEP ONE: ORDER THE COMPLETE LEG AND CHECK SOCKET

- Complete the TT Össur Leg Order Form and send to Össur Custom Solutions via fax or email. 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.
- Scan or cast the residual limb

VIA PAPER

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

VIA ÖSSUR PORTAL

Input measurements in the Össur Portal.
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 TT Össur Leg Definitive Socket Order Form.
- Send TT 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

TT ÖSSUR LEG ORDER FORM

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 #: Ship To:
Contact for ordering or delivery questions: Company:
Contact: Address:
City/State/Zip:
Contact:
Email: Phone: Fax:
Mobile Phone: 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: TT Symes
First Name: Weight: lbs. K-Level: K1 K2 K3 K4 Left Right Bilat Order

CHECK SOCKET MEASUREMENTS

Call to discuss before design

MEASUREMENTS**		SHAPE	SOCKET STYLES	BRIM STYLE
	Level	Shape by cast Shape by app scan Shape by CAD file CAD file name:	Total Surface Bearing* Patellar Tendon Bearing Modified PTB	Velocity Velocity SC Velocity SCSP
	Measurement	LINER USED	*ANGLES Flexion: Adduction: *All socket angles are 0° unless specified at left. Center socket adapter distally, regardless of angles requested.	
	15cm			
	10cm			
	5cm	Total Reduction	%	*Standard 3% reduction on Iceross liners and 4% on everything else unless specified
	0cm	Notes:		
	5cm			
	10cm			
	15cm			
	20cm			
	PML			
	ML			
	AP			

**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:

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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

Comfort Locking	Dermo Locking	Iceform Locking	LINER SIZE Standard Wave 3 mm 6 mm	Seal-In V HP	Seal-In X5	LINER SIZE Standard Wave RING SIZE
						
Comfort w/ Sleeve	Dermo w/ Sleeve	Iceform w/ Sleeve	LINER SIZE Standard Wave 3 mm 6 mm SLEEVE SIZE	Seal-In V	Seal-In X with Rings	Seal-In X Locking with Rings (Ring Options)
						
Iceform Sleeve	IceroSS Sleeve	Genu Sleeve				Classic Volume Grip

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PRODUCTS

3: SOCKETS (check options: diagnostic + laminated from Össur Custom Solutions or Direct Socket Kit)

Check socket ONLY package	Check socket + Definitive package		Definitive ONLY package
 <p>Rigid PETG Check Thermolyn Check Flexible Inner Include second check socket</p>	 <p>Rigid PETG Check Thermolyn Check Flexible Inner Include second check socket</p>	 <p>Laminated socket Flexible inner Polypro socket</p>	 <p>Laminated socket Flexible inner Polypro socket</p>
Direct Socket TT			
Fiberglass black resin		Fiberglass neutral resin	Basalt Carbon
4" Material Kit (200 ml Resin Tube)			
5" Material Kit - Medium Distal End (200 ml Resin Tube)			
7" Material Kit (400 ml Resin Tube) Medium Distal End Large Distal End (Most Common)			








4. SUSPENSION & SOCKET ADAPTER (check all that apply)

LOCKING OPTIONS


<p>Icelock 621 Ratchet & Extra Pin</p> 	<p>Icelock 651 Smooth & Extra Pin</p> 	<p>Icelock 562 Hybrid</p> 	<p>Icelock 600 XM</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 </p> <p>Icelock 673 Male Pyramid Al</p> 	<p>Icelock 674 4-Hole Adapter Al Icelock 675 4-Hole Adapter Ti </p> 				

EXPULSION OPTIONS

UNITY ELEVATED VACUUM OPTIONS

<p>Icelock 544 Expulsion Kit</p> 	<p>Icelock 551 Expulsion Valve</p> 	<p>Unity Valve TT</p> 	<p>Icelock 544 Unity Plate</p> 
<p>Icelock 544 Expulsion Valve Kit for sleeves</p> 	<p>Icelock 544 Expulsion Plate Kit for Direct Socket</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 Offset



PYLONS

Height Adjustable Standard

Height Adjustable Long

Female Short Female Kit Short

Female Long Female Kit Long



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:

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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): 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																	
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 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

Ossur Account #:

CONTACT FOR ORDERING OR DELIVERY QUESTIONS:

Contact:

Ship To:

Company:

Address:

City/State/Zip:

Contact:

Phone:

Email:

Phone:

Email:

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

Patient Name/Reference:

Amputation Level: BK SYME

Activity Level: 1 2 3 4

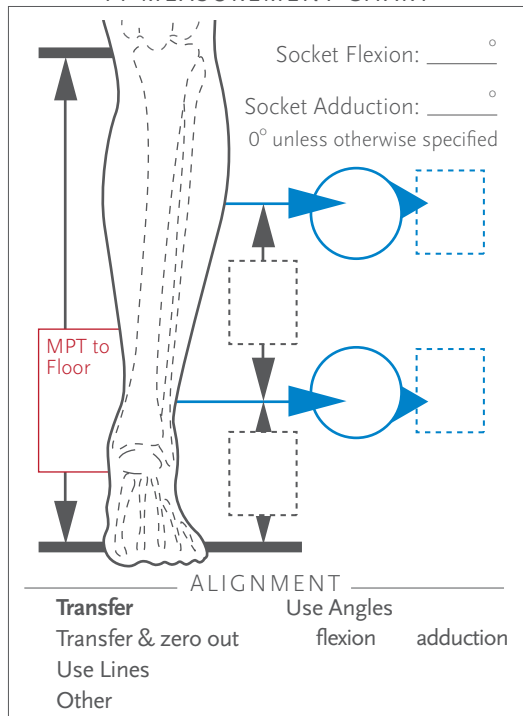
Weight:

Left: Right: Bilat Order:

DEFINITIVE SOCKET

***ITEMS IN BOLD ARE THE DEFAULT SELECTIONS UNLESS OTHERWISE SPECIFIED**

TT MEASUREMENT CHART



***ITEMS IN BOLD ARE THE DEFAULT SELECTIONS UNLESS OTHERWISE SPECIFIED**

From Socket From Cast From CAD/AOP file dated:

FABRICATION

SOCKET MATERIAL		SPECIAL FABRICATION
INNER	LAMINATION FINISH	
Proflex	Carbon	RevoLimb Socket (draw windows and dial location on check socket)
MPE	Basalt	Laminate Removable Cover
Keasy	Color (PRS Pigment 1-16*)	Symes Door (draw on check socket)
Mediflex	Decorative Lamination	Cosmetic Cover (see left)
Pelite	Polypro	

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	PROSTHETIC HEIGHT
Increase Decrease %: Ply:	Transfer Extend: Shorten: