

## Össur Arms Transhumeral Order Package

This form can be filled out electronically or printed.



- Choose your Össur Arms Solution below:

Össur Arms package with i-Limb hand, two electrodes, and fabrication services

- Complete pages 1, 2, 3, and 4 to request a formal sales quotation from Össur.
- Complete page 5 when you are ready to send in your impression for initial diagnostic prosthesis.
- Complete page 6 when you are ready to send in your diagnostic prosthesis for definitive fabrication.
- Please be sure to include all third-party hardware, including all fabrication supplies with each shipment to Össur Custom Solutions.

i-Limb kit only, no fabrication services

- Complete pages 1, 3 & 4 to request a formal sales quotation from Össur.

Fabrication services only

- Complete pages 1 & 2 to request a formal sales quotation from Össur.
- Complete page 5 when you are ready to send in your impression for initial diagnostic prosthesis.
- Complete page 6 when you are ready to send in your diagnostic prosthesis for definitive fabrication.
- Please be sure to include all third-party hardware, including all fabrication supplies with each shipment to Össur Custom Solutions.

### Facility Information

Company Name	Össur Account #	PO#
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### Contact Information

Clinician Name	Telephone	Email	Time zone
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### Patient Information

Patient ID	Payer	Affected Side: LEFT	RIGHT
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### Internal Use

Sales Quotation #	Opportunity #
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## Transradial & Transhumeral Delivery Times to 48 States

Select one base item below. Includes shipping from Össur to customer in 48 continental states

Description	Delivery Time to Customer (Business days)	Össur Arms	Selections
Diagnostic Prosthesis	6	No Extra Charge	
Transradial/Transhumeral Myoelectric Definitive Prosthesis	11	No Extra Charge	
Transradial/Transhumeral Mechanical Definitive Prosthesis	13	Extra Charge	

All fabrication services, including Össur Arms packages, include up to three diagnostic devices and one definitive device.

## Additional Options & Delivery Time

Select additional options below for the most accurate quote and lead time estimate.

Description	Additional Delivery Time	Össur Arms	Selections
Major Cast Modifications	No	Extra Charge	
Minor Cast Modifications	No	Extra Charge	
Bench Alignment	Yes	Extra Charge	
Socket upgrade to HTV silicone	Yes	Extra Charge	
Lock and Pin	No	Extra Charge	
Co-Apt	Yes	Extra Charge	
Inner Frame Add-on	Yes	Extra Charge	
External Hinges	Yes	Extra Charge	
Click Medical Revo/Boa	Yes	Extra Charge	
Windows	Yes	Extra Charge	
Windows with Clamshell	Yes	Extra Charge	
Otto Bock Suction Electrodes	No	Extra Charge	
Decorative Lamination	No	Included	
Transhumeral Harness	No	Included	

### Shipping

Customer pays for initial shipping to Össur Custom Solutions. Shipments in the 48 states from Össur are included in your Össur Arms purchase price and will arrive in accordance with the turnaround times listed above. Return shipping of any purchased diagnostic device is included in the price of your Össur Arms package. You can expect an appropriate shipping label in the box with your diagnostic prosthesis so you can easily return the device for additional service.

Day 0 is when Össur Custom Solutions has received the following items before noon EST/EDT: approved quote, purchase order number, completed order form, impressions, and all third-party hardware, including all fabrication supplies.

Additional charges for labor intensive options relating to non-standard componentry or techniques may be applied once all fabrication elements are received and if they are found to be substantially different than the information used to create the original quote. If any changes to your quote are required, your approval of an updated quote will be required before day zero is established and fabrication begins.

# i-Limb® Order Form

Össur Custom Solutions, 6640 Riverside Drive, Suite #360 Dublin, OH 43017 Email: tb\_orders@ossur.com

## Facility Information

Össur Account #	Shipping same as established billing address		
PO #	Name		
Clinician Name	Street		
Telephone:	City	State	Zip
Email	Need a phone call?	Prosthetist	Customer Support
Time zone			
Ship i-Limb Kit to:	Össur First	Customer first via two day	Customer first via NDA at customer expense
Return Shipping Label:	Two-day	Next Day Air (\$100)	

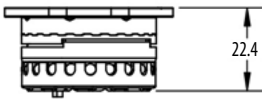
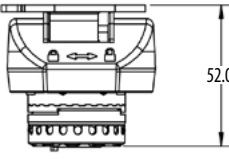
## Patient Information

Patient ID	Affected Side	LEFT	RIGHT
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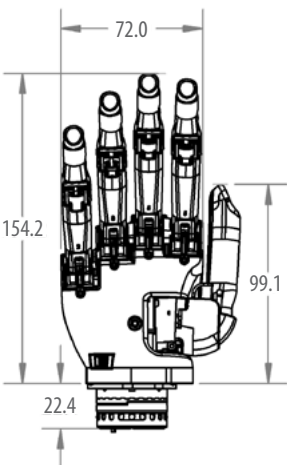
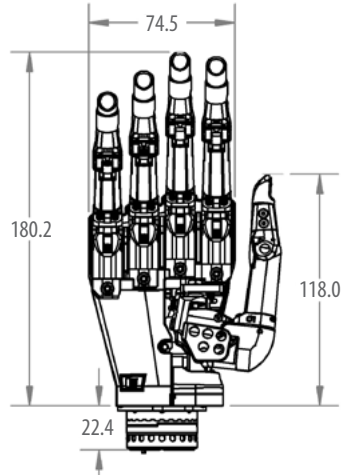
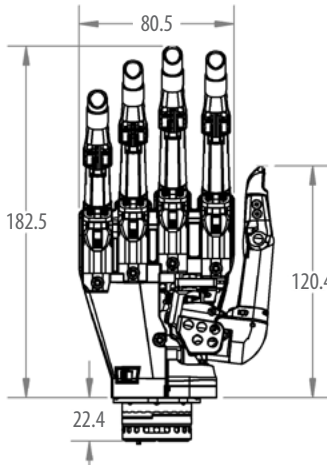
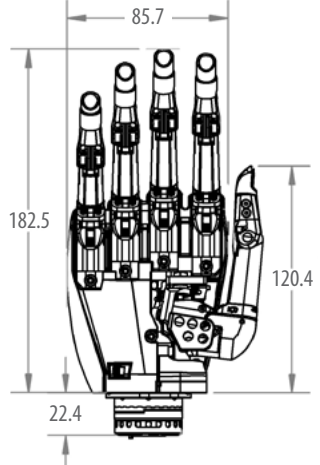
## Hand Type

i-Limb Quantum (includes Titanium fingers in S/M/L sizes)	i-Limb Ultra	i-Limb Access
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## Hand Connection Type

<p>Quick Wrist Disconnect (QWD)</p> 	<p>Flexion Wrist with QWD</p> 	<p>Extra Options</p> <p>Upgrade to Titanium strengthened fingers on i-Limb Ultra or i-Limb Access S/M/L sizes</p>
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## Hand Size

<p>Extra Small</p> 	<p>Small</p> 	<p>Medium</p> 	<p>Large</p> 
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Note: all measurements in mm

# i-Limb® Order Form (continued)

Össur Custom Solutions, 6640 Riverside Drive, Suite #360 Dublin, OH 43017 Email: tb\_orders@ossur.com

i-Limb Skin Active and Contour Covering Options (includes 6 coverings total)								
Active color		Active TS color		Contour color		Contour TS color		
Black	Qty.	Black	Qty.	Black	Qty.	Black	Qty.	
Clear	Qty.	Clear	Qty.	Clear	Qty.	Clear	Qty.	
i-Limb Skin Natural Covering Options (sold separately)				Custom Livingskin Option (sold separately)				
i-Limb Skin Natural covers: Qty. Using color swatches, select a number (1-18) for your i-Limb skin natural cover(s): Set of color swatches Include matching forearm cover				i-Limb Skin Match hand cover i-Limb Skin Match forearm cover Livingskin passive functional device Premier Service Remote Color Service				
Battery Assembly (select one)				Included Socket Components				
1300 mAh split cell magnetic charge port (70 x 35 x 6 mm)		2000 mAh split cell with magnetic charge port (80 x 44 x 7.5 mm)		• QWD wrist package includes wrist, 4-way coaxial plug, coupling piece and lamination collar.				
Electrodes								
Compact:		Remote:		Otto Bock Suction Electrode:				
Length	300mm	600mm	Length	300mm	600mm	Length	300mm	600mm
Qty.			Qty.			Qty.		
				*Additional upgrade charge inside of Össur Arms packages				
Additional Accessories (sold separately)								
i-Limb tool kit (T10 screwdriver, spare screws) X Small i-limb tool kit (T8 screwdriver, spare screws)				iPad (Not included with standard i-Limb hand packages) iPod touch (Not included with i-Limb Access packages)				
Touch Care Warranty Coverage								
First two years included.								
Touch Care Warranty Extension								
3rd Year 4th Year 5th Year Check all that apply								

# Transhumeral Diagnostic Order Form

Össur Custom Solutions, 6640 Riverside Drive, Suite #360 Dublin, OH 43017 Email: tb\_orders@ossur.com

To begin diagnostic fabrication, provide either a modified plaster model or well-fitting diagnostic socket. Send any additional device and fabrication components to prevent fabrication delays.

Facility Information			
Össur Account #	Shipping same as established billing address		
PO #	Name		
Clinician Name	Street		
Telephone:	City	State	Zip
Email			
Time zone	Need a phone call?	Prosthetist	Customer Support
Ship i-Limb Kit to:	Össur First	Customer first via two day	Customer first via NDA at customer expense
Return Shipping Label:	Two-day	Next Day Air (\$100)	
Patient Information			
Patient ID	Affected Side	LEFT	RIGHT

Diagnostic Device Alignment			
<b>Do not attach fitting frame</b> (Alignment will be done at fitting)**		Transfer existing diagnostic alignment	
As short as possible		Length from acromium to lateral epicondyle	cm
Based on lateral epicondyle to thumbs up measurement: /please mark cast		Length from lateral epicondyle to thumb tip	cm

Diagnostic Changes	
Increase Open/Close electrode pressure by      mm	Other

Socket Material	Optional Socket Accessories	Input	
<b>Vivak/PETG draped**</b> Vivak/PETG bubble formed Proflex Proflex with Silicone HTV Silione* Other:	Pull Tube location: <b>Anterior, Medial, Distal**</b> Alternate location Size:    16mm    21mm Color:    Black    Beige	Pee Wee Valve* RV Slide Lyn Valve* Lyn Valve - Silver* Lyn Valve - Black* Customer supplied valve	Compact Electrodes Remote Electrodes Co-Apt* Hybrid Control Please indicate control strategy Other:

Suspension	Wrist Attachment	Elbow Selection	
Anatomical Suction Pin and Lock Transhumeral Harness Other:	QWD (Quick Wrist Disconnect) QWD with Flexion Wrist	Ottobock	Part #
	<b>Optional Wrist Accessories</b> Motion Control Wrist Rotator (Note: requires separate lamination collar) Otto Bock Wrist Rotator	Motion Control	Part #
		Steeper	Part #
		Other:	

Notes:

\*Adds additional cost if not already included in quote

\*\*Items in **bold** are the default selections and will be provided in the absence of other instructions, including if no selection is made

# Transhumeral Definitive Order Form

Össur Custom Solutions, 6640 Riverside Drive, Suite #360 Dublin, OH 43017 Email: tb\_orders@ossur.com

To begin definitive fabrication, please ship to Össur Custom Solutions, a well-fitting diagnostic socket with the hand alignment verified. 6640 Riverside Drive, Suite #360, Dublin, OH 43017. Also send any additional device and fabrication components to prevent fabrication delays.

## Facility Information

Össur Account #	Shipping same as established billing address		
PO #	Name		
Clinician Name	Street		
Telephone:	City	State	Zip
Email			
Time zone	Need a phone call?	Prosthetist	Customer Support

## Patient Information

Patient ID	Affected Side	LEFT	RIGHT
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Socket Material	Optional Socket Accessories	Input	
<b>Proflex w/ Silicone**</b> Proflex Black Orfitrans Excel HTV Silicone* Inner Frame* Silicone Color:	Pull Tube location: <b>Anterior, Medial, Distal**</b> Alternate location Size: 16mm 21mm Color: Black Beige	Pee Wee Valve* RV Slide Lyn Valve* Lyn Valve - Silver* Lyn Valve - Black* Customer supplied valve	Compact Electrodes Remote Electrodes Co-Apt* Hybrid Control Please indicate control strategy Other:

\*Adds additional cost if not already included in quote

Suspension	Wrist Attachment	Elbow Selection	
Anatomical (recommended) Suction Pin and Lock Transhumeral Harness Other:	QWD (Quick Wrist Disconnect) QWD w/ Flexion Wrist <b>Optional Wrist Accessories</b> Motion Control Wrist Rotator (Note: requires separate lamination collar) Otto Bock Wrist Rotator	Ottobock Motion Control Steeper Other:	Part # Part # Part # Part #

## Frame Material Frame Finish Transhumeral Measurements (cm)

<b>Fiberglass Lamination**</b> Other: Note: Carbon fiber is conductive and cannot be used with myoelectric devices.	<b>Weave Hidden**</b> Weave Featured Finish notes:	
<b>Frame Color</b> <b>Black**</b> Otto Bock Color # Fred's Legs (Send us two size XS sleeves) Name of Style:	PRS Realistic pigment colors R05-R61 Other:	

Definitive Notes
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\*Adds additional cost if not already included in quote

\*\*Items in bold are the default selections and will be provided in the absence of other instructions, including if no selection is made

## Sign Below to Authorize Definitive Fabrication

I hereby certify that I am aware untested changes to the diagnostic device may lead to improper fit and / or function, and additional fabrication costs.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Terms of Sale and Policies

Össur Custom Solutions  
6640 Riverside Drive, Suite #360  
Dublin, OH 43017  
Email: [tb\\_orders@ossur.com](mailto:tb_orders@ossur.com)

### Limited Warranty

Össur Custom Fabrication warrants all its products and services to the original purchaser to be free from defects in materials and workmanship. This warranty applies, subject to normal wear and tear, when the products are used as intended, without unapproved modifications, following all Össur procedures and requirements, and when they are fitted by under the direct supervision of certified/licensed practitioners. This limited warranty does not cover damage due to accidents, neglect, misuse, or operation beyond capacity, parts damaged by improper installation, substitution or parts not approved by Össur, or any other iteration or repair by others that, in Össur's judgement, materially or adversely affects the product or part.

These warranty services relate only to the custom-fabricated work. All other items and their respective warranties will go through the company that provided the item. Warranty service is not provided to past due accounts. Fit, function, and alignment not tested in the diagnostic stage are not eligible for warranty service.

Custom orders are fabricated as requested by the customer. Össur will take all reasonable steps to ensure custom orders are fabricated according to the customer's requests. Össur cannot accept liability for the resulting fit nor for the patient's outcome with the device. Custom orders may be returned for evaluation, re-fabrication, or replacement; however, custom orders may NOT be returned for credit. Modifications or services requested that are outside the scope of the original work are not covered under any warranty and may incur additional cost.

Össur disclaims and excludes any other express or implied warranties not set forth in this Limited Warranty, including but not limited to warranties of merchantability or fitness for a particular purpose. This Limited Warranty excludes liability for any personal injury, property damage, or special, incidental, or consequential damages arising out of, related, or incident to use of the product, even if Össur has been advised of the possibility of such potential loss or damage, unless state law otherwise precludes this exclusion.

The duration of this limited warranty is effective for sixty (60) days beginning at the date of delivery to the purchaser. Össur's sole obligation under the limited warranty is to either repair or replace the product.

Össur will not issue a credit or replace any product returned to Össur that is not in new or saleable condition. The determination about whether returned products are new or saleable will be made by Össur at Össur's sole discretion. Altered and discontinued items are not returnable.

Should the client suspect a warranty problem with a device, the client should contact Össur Custom Solutions at [tb\\_orders@ossur.com](mailto:tb_orders@ossur.com) to discuss details before attempting any modifications or repairs. Modifications made without consulting Össur may void the central fabrication warranty.

### Return Policy

Please inspect all orders immediately upon receipt. In the event warranty services are required, you must notify the Customer Service Department for a return authorization number (RA#).

No returns will be accepted without prior authorization. All returns to Össur custom fabrication MUST be accompanied by a Return Authorization number (RA#). An RA# can be obtained by calling Customer service at 949-382-3883 or toll free at 800-233-6263.

Please be prepared to provide the following information when calling:

- 1) Company name or account number.
- 2) Patient name and/or part number.
- 3) Reason for return.

The issuing of an RA# does not guarantee warranty service eligibility.

Pack the product to be returned and write the RA# clearly on the outside of the packing box. Do not include new orders or other items with returns. Return shipping costs are the customer's responsibility. All warranty returns must be returned within 30 days of the issuance of the RA # to be valid.

Warranty claims are subject to inspection and evaluation. Össur reserves the right to request additional documentation of the defects prior to honoring the warranty.

FOLLOW ÖSSUR ON



ÖSSUR CUSTOM SOLUTIONS OHIO  
6640 RIVERSIDE DRIVE, SUITE #360 | DUBLIN, OH 43017

EMAIL: [TB\\_ORDERS@OSSUR.COM](mailto:TB_ORDERS@OSSUR.COM)

