

Össur Leg:

Basic AK Order Form

Step 1 General Information

Prosthetist Name: _____ Acc Nr: _____

Patient Identifier: _____ Weight: _____ Kg Date of Birth: ____ / ____ / ____

Step 2 Iceross[®] Liner

Locking

Iceross TF Locking

Standard

Conical

Size: _____

Step 3 Knee

Aspire[™] M1 Knee

Aspire[™] P1 Knee

Step 4 Feet

Flex-Foot Balance[®] J

Foot Size: _____

Side: _____

Category: _____

Breeze[™] Foot

Foot Size: _____

Side: _____

Foot Cover

Beige Brown

Foot Cover

Beige Brown

Step 5 Adapters

Option 1

Icelock[®] 621 Ratchet
4-Hole Socket Adapter
4-Hole Female Pyramid
Female Pylon Long

Option 2

Icelock[®] 621 Ratchet
3-Prong Socket Adapter
Female Pyramid Insert for Prong
Female Pylon Long

Össur Leg:

Basic BK Order Form

Step 1 General Information

Prosthetist Name: _____ Acc Nr: _____

Patient Identifier: _____ Weight: _____ Kg Date of Birth: ____ / ____ / ____

Step 2 Iceross[®] Liner

Locking

Iceross Comfort[®] Locking

3mm

6mm

Size: _____

Step 3 Feet

Flex-Foot Balance[®] J

Foot Size: _____

Side: _____

Category: _____

Breeze[™] Foot

Foot Size: _____

Side: _____

Foot Cover

Beige

Brown

Foot Cover

Beige

Brown

Step 4 Adapters

Option 1

Icelock[®] 621 Rachet

Icelock[®] 673 SS Pyramid

Female Pylon Kit

Option 2

Icelock[®] 621 Rachet

Male Pyramid Socket Adapter

Female Pylon Kit