

ÖSSUR CUSTOM BRACE ORDER FORM

CMS, CCS, DMS, CAST or CAD

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

SHIPPING INFORMATION

SHIP VIA:

- GROUND (3-5 DAYS) SECOND DAY NEXT DAY (EXTRA \$) RUSH (PLEASE CALL - EXTRA \$)

MEASUREMENT TYPE

- CMS CCS DMS FILE
 PATIENT CAST CAD FILE (AOP)

DATE: _____ CUSTOMER #: _____ PURCHASE ORDER #: _____

PATIENT IDENTIFIER _____ OR NAME: _____

DIAGNOSIS: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. AGE: _____ SEX(M/F): _____ LEFT KNEE RIGHT KNEE BILATS - L/R

E-MAIL: _____ PHONE: _____ FAX: _____

BILLING ADDRESS

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

PROV./P.C. or STATE/ZIP: _____

SHIPPING ADDRESS (if different)

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

PROV./P.C. or STATE/ZIP: _____

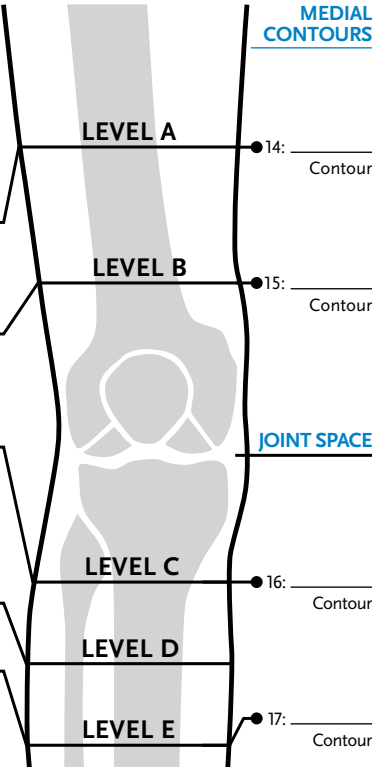
CUSTOM MEASURING SYSTEM

Caliper Measurement (#23) should be taken first

- 1: _____ Hinge Width
 2: _____ Hinge Depth

LATERAL MEASUREMENTS

- 3: _____ Contour
 4: _____ A-P
 5: _____ Contour
 6: _____ A-P
 7: _____ Contour
 8: _____ A-P
 9: _____ Tibia
 10: _____ Tibia
 11: _____ Contour
 12: _____ A-P
 13: _____ Tibia



CIRCUMFERENCES (in centimeters)

18. Level A _____
 19. Level B _____
 20. Level C _____
 21. Level E _____
 22. Distal Border of Patella _____
 23. _____

SKI BOOT MEASUREMENT

_____ inches from the distal border of the patella to the top of the ski boot. Attachment is not available if the measurement is less than 7 inches. There is an additional fee.

COORDINATE CAST SYSTEM

CIRCUMFERENCE MEASUREMENTS

8" ABOVE
NOTE: MUST CAST IF OVER 33"

6" ABOVE

3" ABOVE

KNEE CENTER CALIPER M/L:

KNEE CENTER CIRCUMFERENCE

TIBIAL CREST
 3" BELOW

6" BELOW

8" BELOW
 TIBIAL CREST

COORDINATES

SIDE A	SIDE B
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	

CASTING INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Make a cylinder cast 12" proximal & 12" distal to mid-patella, using plaster or fiberglass
- Use stockinette only - Do not use cast padding
- Patient should be cast weight bearing (or seated if patient cannot be weight bearing) with knee in full extension & ankle at 90°
- REQUIRED LANDMARKS: Outline patella, fibular head, mark medial joint space, 5" line down tibial crest
- Please send both order form and cast to the address on the back of this page
- * NOTE: Cut cast down the posterior aspect**

DMS INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Email anterior and lateral view images to: U.S. - dms@ossur.com, or Canada - orderscanada@ossur.com
- Include this completed form with email or FAX to: 800.453.4567
- * Must cast if top thigh circumference is greater than 33"**

CAD (AOP) INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Email CAD files to cadorders@ossur.com
- Include this completed form with email or FAX to: 800.453.4567
- * Must cast if top thigh circumference is greater than 33"**

Please note: customization requests outside of the options printed on this form are based on health care provider's experience & personal preference. As a result, any failure of the brace that Össur, in its sole & exclusive judgment, determines to be a result of such customization(s) requested by health care provider fall outside the scope of Össur's standard Limited Warranty (<http://www.ossur.com/?pageID=13007>), & health care provider shall be solely responsible for the consequences thereof.

1 CTi® LIGAMENT CTi OA

- VAPOR (Most Recommended - Lightest)
 STANDARD (Impact Activities - Sports)
 PRO SPORT (Largest Patients - Contact)

Special modifications: (additional charges may apply)

- OA (Osteoarthritis unloading)
 Medial Lateral (Default is 4" or specify)
 _____" (Choose 1" to 7" of unloading)
 PCL System (Helps reduce posterior drawer)
 ACL Cable Kit (Additional stability in EXT)
 Hyperextension Straps (5th strap added)
 Flexion Stop Kit _____" (0-90° installed)
 Ski Boot Attachment (Brace-to-boot)
 Other: _____

OR PARADIGM®

PCL VERSION

OR EXTREME®

OR REBOUND® DUAL

- SmartDosing Kit
 PCL Strap Kit

REBOUND® DUAL ST

- Standard Hinge
 Acculine Hinge
 PCL Strap Kit

CTi SPECIAL CONDITIONS:

- Extension Control Needed (Default is 10°)
 0° 10° 20° 30° 40°
 Prominent VMO Prominent VLO
 Hockey Quads
 Prominent Tibialis Anterior
 Prominent Fibular Head
 RTM (Rounded Tibial Member)
 Osgood-Schlatters Disease
 Super Short (For 5'3" and under)
 Shorten Femoral Component
 0.5" 1.0" 1.5"
 Shorten Tibial Component
 0.5" 1.0" 1.5"
 Other: _____

OR REBOUND® ACL

- Offload medial compartment (3°)
 Offload lateral compartment (3°)

OR REBOUND® PCL

- Offload medial compartment (3°)
 Offload lateral compartment (3°)

CTi ACCESSORIES:

BOLDDED are free with initial order only

- AMS WRAP
 Neoprene (Default) Evazote
 Sof sleeve
 Neoprene Undersleeve
 Neoprene Oversleeve
 Padded Sports Oversleeve
 Sleeve with Mesh
 MX Patella Cup
 MX Gear Guard
 MX Complete Kit (Patella Cup, Gear Guard, Sleeve with Mesh)
 Other: _____

3 SPECIAL NOTES:

- Have brace tech contact prior to fabrication

2 COLORS:

Select matte or gloss plus color:

- | | | |
|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> MATTE | <input type="checkbox"/> GLOSS | <input type="checkbox"/> LINER** |
| <input type="checkbox"/> Black* | <input type="checkbox"/> Yellow | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Ocean Blue* | <input type="checkbox"/> Orange | <input type="checkbox"/> Blue |
| <input type="checkbox"/> White* | <input type="checkbox"/> Lime Green | <input type="checkbox"/> Black |
| <input type="checkbox"/> Silver** | <input type="checkbox"/> Pink | <input type="checkbox"/> Yellow |
| <input type="checkbox"/> Red* | <input type="checkbox"/> Charcoal | <input type="checkbox"/> Purple |
| | <input type="checkbox"/> Navy Blue | |
| | <input type="checkbox"/> Champagne | |

*Rebound DUAL only available in these colors.
 **Rebound DUAL only

OR CUSTOM PAINT:

Additional fee plus extra delivery time. Custom paints not available for Rebound DUAL. Select matte or gloss plus color:

- | | |
|---|--|
| <input type="checkbox"/> MATTE | <input type="checkbox"/> GLOSS |
| <input type="checkbox"/> Hibiscus | <input type="checkbox"/> Sports Equipment |
| <input type="checkbox"/> Flag | <input type="checkbox"/> Camouflage |
| <input type="checkbox"/> Flames | <input type="checkbox"/> Single Color |
| <input type="checkbox"/> Metal | <input type="checkbox"/> 2-color Fade |
| <input type="checkbox"/> Sponge | <input type="checkbox"/> 2-color Half & Half |
| <input type="checkbox"/> Celestial | <input type="checkbox"/> Sports Fan |
| <input type="checkbox"/> Special: _____ | |

LIGAMENT

ÖSSUR CUSTOM BRACE ORDER FORM

CCS, DMS, CAST or CAD

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

SHIPPING INFORMATION

DATE BRACE REQUIRED BY CUSTOMER: _____

MEASUREMENT TYPE

SHIP VIA:
 GROUND (3-5 DAYS) SECOND DAY NEXT DAY (EXTRA \$) RUSH (PLEASE CALL - EXTRA \$)

PATIENT CAST CAD FILE (AOP)
 CCS DMS FILE

DATE: _____ CUSTOMER #: _____ PURCHASE ORDER #: _____

PATIENT IDENTIFIER: _____ OR NAME: _____

DIAGNOSIS: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. AGE: _____ SEX(M/F): _____

LEFT KNEE RIGHT KNEE BILATS - L/R
 LATERAL OA MEDIAL OA

E-MAIL: _____ PHONE: _____ FAX: _____

BILLING ADDRESS

SHIPPING ADDRESS (if different)

CONTACT: _____ CONTACT: _____

COMPANY: _____ COMPANY: _____

ADDRESS: _____ ADDRESS: _____

CITY: _____ CITY: _____

PROV./P.C. or STATE/ZIP: _____ PROV./P.C. or STATE/ZIP: _____

1 SELECT BRACE

UNLOADER ONE® (16 oz.)
 Grey Black Painted *Check options in 2 (additional fees may apply)*

1. DFS STRAP

SmartDosing® (Default)
 Ratchet system

2. BRACE LENGTH

Regular
 Short (Recommended 5'4" and under)

3. LINERS

2 sets of thigh liner and calf liner configuration
 2 sets of thigh liner with AMS calf wrap

OR

UNLOADER® CUSTOM (Standard Configurations)

XT (30 oz.) Geriatric (24 oz.)
 Lite (24 oz.) Sport (24 oz.)
 Select (26 oz.) Sport Plus (30 oz.)
 ADJ (26 oz.) Suspension (24 oz.)
 Plus (30 oz.) Suspension Plus (30 oz.)

1. DFS STRAP

SmartDosing® (Default, additional fee applies)
 Standard DFS strap

2. BRACE LENGTH

Regular
 Short (Recommended 5'4" and under)
 Supershort (Recommended 5'1" and under)

UNLOADER ONE®X (13 oz.)

Black Custom Colors *Check options in 2*

1. BRACE LENGTH

Standard
 Short (For patients with inseam length of ≤ 33.5")

2. ACCESSORIES

Doeskin Thigh Extension Liner
 Flexion/Extension Stop Kit
 Ease of Use Kit
 Sundial
 Sleeve with Mesh
 Össur Knee Undersleeve
 Anti-Migration Pillar

2 SELECT COLORS:

UNLOADER ONE®X COLORS

*Only available in matte colors.

MATTE

Black Red
 Blue White
 Charcoal Grey Yellow

ALL OTHER BRACE COLORS:

Select matte or gloss plus color. Additional fee may apply in U.S. for colors other than default:

MATTE **GLOSS (default)**
 Yellow Sky Blue
 Ocean Blue Navy Blue
 Black Charcoal
 Silver White
 Champagne Pink

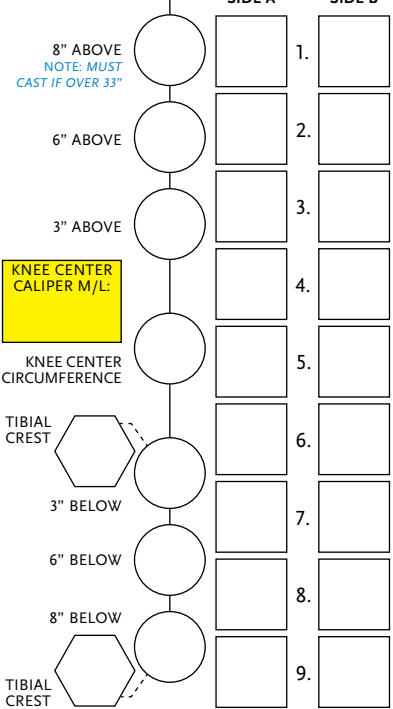
CUSTOM PAINT:

Select matte or gloss plus color. Additional fee plus extra delivery time.

MATTE **GLOSS (default)**
 Hisbiscus Flag
 Flames Metal
 Sponge Celestial
 Sports Equip. Camouflage
 Sports Fan Single Color
 2-color Fade 2-color Half/Half
 Special: _____
 *Custom paints not available for Unloader One®X

COORDINATE CAST SYSTEM

CIRCUMFERENCE MEASUREMENTS COORDINATES



UNLOADER

REBOUND CARTILAGE® (14 oz.)

Black Painted *Check options in 2 (additional fees may apply)*

1. BRACE TYPE

Regular (Default) w/ Flexion Control Kit

2. LINER

Wraparound (Default) Sleeveless Liners
 Doeskin Sensil

3 SELECT ACCESSORIES:

UNLOADER ONE®/UNLOADER® CUSTOM

Extra Liner Kit
 Extra Strap Kit
 Hinge Cover
 Cast Kit
 Sleeve with Mesh
 Össur Knee Undersleeve
 Cool Sleeve

SPECIAL NOTES:

Have brace tech contact prior to fabrication

Össur Americas
 Attn: Custom Bracing Dept.
 9545 S John Young Pkwy
 Orlando, FL 32819

TOLL (800) 233-6263
 PHONE (888) 839-6213
 FAX (800) 453-4567
 WEB ossur.com

Össur Canada Inc.
 Attn: Customer Care
 2150-6900 Graybar Road
 Richmond, BC V6W 0A5

TOLL (800) 663-5982
 PHONE (604) 241-8152
 FAX (866) 441-3880
 WEB ossur.ca

