

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 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.
- 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.
- The new liners included with the Össur Leg package can be shipped before the check or definitive socket for casting/scanning/measurements by checking the box next to the Liners in the Products Section AND a Purchase Order is provided on the form.
- If special fabrication will be needed for check socket and/or definitive socket, complete the Special Fabrication portion of the check and/or definitive order forms. This ensures those items are included in the quote.
- Measure the residual limb.

Cast/measure/scan over the same type and size liners the patient 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).

OR

Order Online Using Össur Portal You can order your Össur Leg using these order forms, or you can order using the Össur Portal. Scan here for more information and to request access.



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.

FOLLOW ÖSSUR ON













TF Össur Leg Order Form PackageSend all casts, sockets, files to: 9545 S John Young Parkway, Ste #100, Orlando, FL 32819

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)
•	'	date information, including all patient information, measurements, e 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

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

Measurem	ents				Call to	disuss befo	re design
	MEASUREMENTS**	SHAPE		DISTAL END SHAPES			
IT to Floor	Length: Level Tight* Loose*	Shape by Measurements Shape by cast Shape from Socket Merge scan to Brim Fully Modified CAD file CAD file name:		Cylindrical U	Squared	Bulbous	Conical
KC to Floor				Flexion:	* ALIGN I	MENT Iduction:	
	20cm 25cm 30cm	BRIM Soft IC IC Quad LINER USED		*If a specific alignment isn't provided, ÖCS' stand alignment is 3° flexion & 3° adduction when using expulsion/elevated vacuum suspension or 0° flexic adduction when using locking suspension.			ısing
				NOTES:			
Össur Custon	circumferences are required if n Solutions is designing the socket. d and socket fit requires remake,	Total Reduction	% Ply				
customer is re	Össur Custom Solutions (optional) to receive foam carving for this order.	*The reduction is average of the tight and loose circumference measurements, if both sets are provided.					

1 of 10 CLEAR FORM

Flexible Inner Socket Plastics Suggested L-code: 5651	Fab Custom Inner From SI Suggested L-codes: 5658	Other Suggested L-codes: 5658 or 565		
Flexible EVA with Silicone (Proflex with Silicone) Flexible EVA without Silicone (Proflex without Silicone) Flexible EVA – Black (Optek Flex Comfort - Black) Flexible EVA – Optek Flex Comfort White + Black (BiLam) Modified Polyethylene (MPE) EVA (ÖssurFlex)	Lightweight Polyethylene – Firm 25 Shore A (PeLite) 12mm (1/2") beige white 5mm (3/16") beige 3mm (1/8") beige	Stovepipe Slit in lateral side Slit in medial side	Lightweight Ethylene Vinyl Acetate (Keasy Cone) 6.5mm profile, 10mm distal	

Fab Custom Pad RevoFit

Fab Custom Pad on Check Socket Fab Custom Pad on Laminated Socket

 $Light weight\ Polyethylene-Medium\ Shore\ A\ (\textbf{Plastizote})$

12mm (1/2") pink white

6mm (1/4") pink

5mm (3/16") pink

Lightweight Polyethylene – Firm 25 Shore A (**PeLite**)

12mm (1/2") beige white

5mm (3/16") beige

3mm (1/8") beige

Location

Distal end (1/2") Other (see notes below)

Windows and Doors

Windows and Doors on Check Socket Windows and Doors on Laminated Socket

Fab Window(s) or cut out(s) Number:

Fab panel

Fab overlap door (draw window or door on cast/check

socket, or use notes field below)

Add strap

Dacron Velcro

Notes

RevoFit on Check Socket Suggsted L-code: 5783

RevoFit on Laminated Socket Suggsted L-code: 5783

Dial Location

Distal anterior medial Proximal lateral

Other (see notes below)

Panel Locations

M/L panels (two panels) with Pads

Anterior & Posterior panels (two panels) with Pads

Anterior only (one panel) with Pad

Posterior only (one panel) with Pad

Pad on Panel

Firm Ethylene Vinyl Acetate 55 Shore A (Puff)

12mm (1/2") black

10mm (3/8") black

6mm (1/4") black

Posterior "U" channel with proximal adjustability

See markings on cast/socket

Other (see notes below)

Cosmetics

Decorative Lamination on Definitive Using Fred's Legs Sleeve

Customer supplied

Össur to purchase Fred's item:

Customer shaped foam cover (measurements in TF measurement chart) Suggsted L-code: 5705 or 5706

Fab cosmetic distal end

CLEAR FORM 2 of 10

Products

Assembly (check one) Partial Assembly: Customer cuts pylon to final height (default option)

Partial Assembly: Ossur cuts pylon to height using landmark to floor measurement



Full Assembly by Customer



Include Össur Leg Bag

2: Liners - Two are ALWAYS Included with Each Leg (check one then fill in desired sizes and options)

Send liners first for measurements/scanning/casting

Suggested L-code: 5673

TF Locking



LINER SIZE

Standard Conical



Suggested L-code: 5679



Seal-In TF



LINER SIZE

Standard Conical

Suggested L-code: 7700 (only billed with L-5679)

Seal-In X TF with Ring



Classic Seal Grip Seal Volume Seal Ring Size:

47

e: 20

51

22 35

55

24 38

60

2641

28

44

65

CLEAR FORM 3 of 10

Products

3: Sockets (check options)

Check socket ONLY package



Polyethylene terephthalate glycol (**PETG**)

High Impact Polystyrene (Orfitrans Stiff, Thermolyn)

Flexible Inner Socket

Flexible Inner Socket - Plastic Flexible Inner Socket - Sheet Material/Other (PeLite, Keasy Cone)

Include second check socket

Check socket + Definitive package



Polyethylene terephthalate glycol (**PETG**)

High Impact Polystyrene (Orfitrans Stiff, Thermolyn)

Flexible Inner Socket

Flexible Inner Socket - Plastic Flexible Inner Socket - Sheet Material/Other (PeLite, Keasy Cone)

Include second check socket



Laminated, with flexible inner Flexible Inner

Socket - Plastic Flexible Inner Socket - Sheet Material/Other

(PeLite, Keasy Cone)

Laminated no flexible inner

Definitive ONLY package



Laminated, with flexible inner Flexible Inner Socket -

Plastic

Flexible Inner Socket - Sheet Material/Other (PeLite, Keasy Cone)

Laminated no flexible inner

NOTE: Exact Material selection is on definitive order form and not needed until the definitive form is ready for submission

Direct Socket TF

Brim Size: 36 38 40 42 44 46 48.5 51 53.5 56 58.5 61 64

67 70

Fiberglass black resin Fiberglass neutral resin Basalt Carbon

- 5" Material Kit (standard distal connector, 200 ml resin)
- 7" Material Kit (400 ml resin)

Medium Distal Large Distal (Most Common)

9" Material Kit - Large Distal (400 ml resin)

4. Optional: Connect TF Package Kit

Connect TF Kit

Select your Size:

Medium Short Medium Standard Large Short Large Standard

Left Right





Note: Connect TF is only available as an option when purchased with Iceross TF Locking liner(s), AKOS, and Relax. One Connect TF socket kit per order. Connect TF includes integrated 200 series clutch lock.

CLEAR FORM 4 of 10

Products

5: Suspension & Socket Adapter - For Conventional Socket Fabrication

Locking Options

Icelock 621 Ratchet & Extra Pin

©

Suggested L-code: 5671



Suggested L-code: 5671

Works With

Icelock 672 Male Pyramid Ti & Icelock 673 Male Pyramid Al



Icelock 674 4-Hole Adapter Al Icelock 675 4-Hole Adapter Ti



Icelock 600XM



Suggested L-code: 5671

Icelock 211 Clutch & Extra Pin Icelock 214 4-Hole Clutch & Extra Pin



Suggested L-code: 5671

Icelock 234 Lanyard



Suggested L-code: 5671

Icelock Clutch Options for TF

214 AK for left leg with release button on medial side

Suggested L-code: 5671



214 AK for left leg with release button on lateral side

Suggested L-code: 5671





214 AK for right leg with release button on lateral side

Suggested L-code: 5671



214 AK for right leg with release button on medial side

Suggested L-code: 5671





Expulsion Options

Icelock 544 Expulsion Kit for



Suggested L-code: 5652

Icelock 552 Expulsion Valve &



Suggested L-code: 5652

Unity Elevated Vacuum Options



Icelock 544 Unity Plate



Works With

Icelock 544 Socket Adapter 3-Prong Socket Adapter 4-Prong Socket Adapter Unity TF Tube Kit



Bulldog Locks

3GEN-A – standard push lock
3GEN-AGG – push lock with grooves
BDSG-63 – ball bearing safety lock
HDT-AP-TL Heavy Duty Top Loading Attachment
Plate only (Does not include top load lock, HD
pyramid, HD pylon, or HD tube clamp. Those items
can be ordered through Bulldog Tools directly or a
distributor)

KISS Suspension

KS1-A (Select either a 544 socket adapter or a prong adapter above)

KS2-A

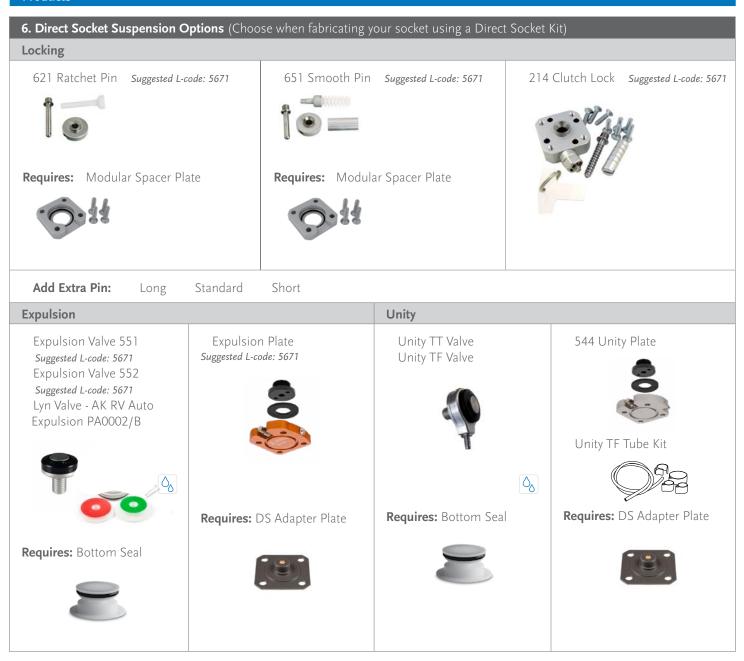
KS4-A

ESP

Lyn Valve - AK RV Auto Expulsion PA0002/B

CLEAR FORM 5 of 10

Products



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

CLEAR FORM 6 of 10

	Josui Leg Oi							
7. Endo	skeletal Components (chec	k all that	apply fo	r a single prosthesis)				
	4-Hole Adapters			Double Adapters			Single Adapters	
	4-Hole Male	<u>~</u> 0₀		Female Double Adapter 32mm	<i>Ω</i> ,	8	Male Single Adapter Short	(m) (d)
0	4-Hole Female		8	Female Double Adapter 45mm	<i>∽</i>	P	Male Single Adapter Long	
	4-Hole Male w/ Rotation	<u></u>	1	Female Double Adapter 60mm	ΩΩΔ		Female Single Adapter Short	
	4-Hole Male w/ 8mm Ax Offset	0	1	Female Double Adapter 75mm	<i>⊊ O O</i>	U.	Female Single Adapter Long	
	4-Hole Female w/ Rotation	₩ \		Pylon Kits			Other:	
1000	4-mole Fernale W/ Rotation	<i> </i> 9		•			Pylons	
300	4-Hole Female Pyramid 20/20 Offset 10° Right	0	8	Female Kit Short	⊘ ₀	1	Female Short	(m) (d)
4.	4-Hole Female Pyramid 20/20 Offset 10° Left	0		Female Kit Long	<u>7777</u>		Female Long	
	<u>'</u>		Height Adjustable Pylons			Tube Clamps		
	Prong Adapters		0 0	Standard		.0.	•	
M	4-Prong Socket Adapter	\bigcirc_{\Diamond}				8	Male Tube Clamp	
5.1		A	0 0	Long			Female Tube Clamp	
8	3-Prong Socket Adapter	0	Tors	sion Shock Adapter (Extra Co	st)	6	4-Hole Tube Clamp	
0	Male Pyramid Insert for Prong	\bigcirc		Torsion Shock Adapter		* Pati	ents under 220lb will be s	supplied
db	Female Pyramid Insert for	(m) (d)		Suggested L-codes: 5984 and 5988			luminium adaptors unles	
47	Prong	<i>III</i>	* Patients between 220-365lb will provided with Titanium adaptors.					
	Female Pyramid Insert for Prong LP	0	Knee Rotation Adapter (not included in package price) Suggested L-code: 5926				ase check this box if you w titanium adapters.	vould

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



CLEAR FORM 7 of 10

Products 9: Foot: With or Without Unity (check one and fill out the options below) No Foot **Foot Options:** Foot Size: Left Right Foot Shell: cm. Category (1-9) Beige Brown Suggested L-Codes† Suggested L-Codes† Balance Foot S & 5972, 5986 5972, 5984, 5988 Balance Foot S Torsion (4) 5781* with Unity with Unity 5781* K2 Sensation 5972, 5986 Balance I 5976 with DP Flexion 5972, 5968 with Unity 5781* 5781* with Unity Pro-Flex ST & 5981, 5986 Assure 5981 5781* with Unity 🕓 with Unity 5781* Vari-Flex Pro-Flex LP Torsion 5981, 5984, 5988 5981 5781* with Unity with Unity 5781* 5999, See Össur 5981, 5986 Pro-Flex Pivot Pro-Flex LP & reimbursement 5781* with Unity with Unity & guide Proprio Foot 💁 5973 Pro-Flex LP Align 5981, 5986, 5990 with Unity 4 5781* ReFlex Shock 5987 ReFlex Rotate 5987*, 5984* with Unity 5781* with Unity 5781* Pro-Flex XC & 5981* Pro-Flex XC Torsion 5987*, 5984* with Unity 💁 5781* with Unity 5781* **Build Height** Desired build height (mm): Foot Size Min Max With foot cover on. No return or exchange after foot is cut. Pro-Flex Modular & 5980*, 5986* 313mm 22-24cm 157mm

25-27cm

28-30cm

168mm

176mm

327mm

340mm

CLEAR FORM 8 of 10

[🕟] 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.

[†]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.



TF Definitive Socket Order Form

Billing & Shipping Inform	ation						
Össur Account #:			Ship To:				
CONTACT FOR ORDERING OR DELIVERY QUI	ESTIONS:		Company:				
Contact:			Address:				
			City/State/Zip:				
			Contact:				
Email:			Phone:		Fax:		
Mobile Phone:			Email:				
PO#:			S	hipping Che	ck Priority: Next [Day Air 2	2nd Day
Completion of this order and cons	er form with the most accertaints	curate and up-to-da bles us to provide t	ite information, incl the highest quality p	uding all pa product for y	tient information, me ou and your patient.	asurements	;,
Patient Information							
Last Name:	First Name:		Weight:	lbs.	Impact Level: High	Medium	Low
Amputation Level: AK KD	K-Level: K1 K2	K3 K4		ilat Order:			
Definitive Socket					■ Call to discuss	boforo fo	brication
Delinitive Socket						Delore la	Dification
TF Measurements f	From Socket Fully Modified		From CAD/	AOP file dated:			
		·	I CAD IIIC				
IT to Floor	6" above Knee Center Circ	Lamination					
	- Center ene	Carbon	Basalt	He	avy Duty Lamination	n	
KC to Floor	Knee Center Circ		Lamination from		or (PRS Pigment 1-		
		Fred's Legs			or (. 1.6 1 .g. 1.611 1	. • /	
11.5	Calf Circ		tomer supplied				
	-	Öss	ur to purchase Fr	ed's item:			
		Alignment					
$\left \begin{array}{c} \left \begin{array}{c} \left \begin{array}{c} 1 \\ 1 \end{array} \right \\ \left \begin{array}{c} 1 \\ 1 \end{array} \right \\ \left \begin{array}{c} 1 \\ 1 \end{array} \right \\ \end{array} \right $	Ankle Circ	Transfer			Use Angles		
		Transfer and	zero out		Flancian		
		Use Lines	20.000		Flexion		
(i, i, i, i)		Other			Adduction		
MadiCaria							
Modifications	Conduct Cining			Due etle et	in I Inialat (autiona	I)	
	Socket Sizing			Prostnet	cic Height (optiona	1)	
Increase Decrease	Ply: %	/·	Transfer	Extend:	Short	en:	

SEND ALL CASTS, SOCKETS, FILES TO: 9545 S JOHN YOUNG PARKWAY, STE #100, ORLANDO, FL 32819 TEL: (888)839-6213, FAX: (800)788-9878 | CS@OSSUR.COM | WWW.OSSUR.COM

CLEAR FORM 9 of 10



TF Definitive Socket Order Form

	Special Fabrications		
Flexible Inner Socket Plastics Suggested L-code: 5651	Fab Custom Inner From Sl Suggested L-codes: 5658	Other Suggested L-codes: 5658 or 5656	
Flexible EVA with Silicone (Proflex with Silicone) Flexible EVA without Silicone (Proflex without Silicone) Flexible EVA – Black (Optek Flex Comfort - Black) Flexible EVA – Optek Flex Comfort White + Black (BiLam) Modified Polyethylene (MPE) EVA (ÖssurFlex)	Lightweight Polyethylene – Firm 25 Shore A (PeLite) 12mm (1/2") beige white 5mm (3/16") beige 3mm (1/8") beige	Stovepipe Slit in lateral side Slit in medial side	Lightweight Ethylene Vinyl Acetate (Keasy Cone) 6.5mm profile, 10mm distal

Fab Custom Pad RevoFit Suggested L-code: 5783

Lightweight Polyethylene – Medium Shore A (Plastizote) 12mm (1/2") pink white 6mm (1/4") pink	Dial Location Distal anterior medial Proximal lateral Other (see notes below)				
5mm (3/16") pink Lightweight Polyethylene – Firm 25 Shore A (PeLite) 12mm (1/2") beige white 5mm (3/16") beige 3mm (1/8") beige	Panel Locations M/L panels (two panels) with Pads Anterior & Posterior panels (two panels) with Pads Anterior only (one panel) with Pad Posterior only (one panel) with Pad				
Location Distal end (1/2") Other (see notes below)	Pad on Panel Firm Ethylene Vinyl Acetate 55 Shore A (Puff)				
Windows and Doors	12mm (1/2") black				
Fab Window(s) or cut out(s) Number: Fab panel	10mm (3/8") black 6mm (1/4") black				

Fab overlap door (draw window or door on cast/check socket, or use notes field below)

Add strap

Dacron Velcro

Posterior "U" channel with proximal adjustability See markings on cast/socket
Other (see notes below)

Cosmetics

Decorative Lamination on Definitive Using Fred's Legs Sleeve Customer supplied Össur to purchase Fred's item:

Customer shaped foam cover (measurements in TF measurement chart) Suggested L-codes: 5705 or 5706
Fab cosmetic distal end

Send all casts, sockets, files to: 9545 S John Young Parkway, Ste #100, Orlando, FL 32819 | tel: (888)839-6213, fax: (800)788-9878 | cs@ossur.com | www.ossur.com

CLEAR FORM 10 of 10