Thank you for ordering a TT Solution from Össur Solutions.

This package includes all the order forms needed to define the transtibial solution, order the check socket, and order the definitive socket.

Step One: Order the TT Solution and Check Socket

- Complete the TT Solution Order Form, and send to Össur Solutions.
- Össur Solutions will then create and send you a quote detailing all items in the TT Solution.
- Approve the quote and provide a purchase order number to finalize the order.
- The new liners included with the Össur Solutions 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 TT Solution Order Form. Send cast and TT Solution Order Form to Össur Solutions (see form for address).

OR

Order Online Using Össur Portal You can order your TT Solution 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 TT Definitive Socket Order Form.
- Send TT Definitive Socket Order Form and modified check socket to Össur 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.







Mobile Phone:

PO#:

Send all casts, sockets, files to: 9545 S John Young Parkway, Ste #100, Orlando, FL 32819 tel: (888)839-6213, fax: (800)831-3160 | cs@ossur.com | www.ossur.com

Area Manager Information				
Area Manager: Notes:	phone:	email:		
Billing & Shipping Information				
Össur Account #: Contact for ordering or delivery questions:		Ship To: Company:		
Contact:		Address:		
		City/State/Zip:		
		Contact:		
Email:		Phone:	Fax:	

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.

Email:

Shipping Check Priority:

Next Day Air

Include return shipping label (\$50 charge inside 48 states)

2nd Day

Required Patient Information											
Last Name:	Height:	ft.	in. I	Impact Leve	el: F	High	Med	Low	Amputation Le	evel: T	T Symes
First Name:	Weight:		lbs.	K-Level:	K1	K2	K3	K4	Left	Right	Bilat Order

Measu	rements**	Shape	Socket Styles	Trim Lines	Check Socke Material
PT to Floor	MPT to distal length Level Measurement	Shape by cast Shape by app scan Fully Modified CAD file CAD file name:	Total Surface Bearing Patellar Tendon Bearing Modified PTB	Standard Supracondylar Supracondylar Suprapatella	Polyethylene terephthalate glycol (PETG) option High Impact
	10cm	Liner Used	*Alignn	nent	Polystyrene
	5cm		Flexion: Adduct	tion:	(Orfitrans Stiff, Thermolyn)
111 1	0cm	*If a specific alignment isr	option		
	5cm	0°adduciton.	,		
	10cm	Notes:			
	15cm	Total Reduction*	*3% global reduction (if using leading leading) requested differently.	Iceross liners) OR 4% for ar	y other liner unless
	20cm	%	*The percent reduction needed		
	PML cm	Ply	practitioner's measurement technique as well as patient's ti not uncommon to require a different percent reduction.		tissue density. It's
	ML cm				
	AP cm	Notes:			

^{**}Length and circumferences are required if Össur Custom Solutions is designing the socket. 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.

CLEAR FORM 1 of 10

Special Fabrications			
Flexible Inner Socket Plastics Suggested L-code: 5645	Fab Custom Inner From Sl Suggested L-codes: 5655		Other Suggested L-codes: 5655 or 5654
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

 $\label{lightweight Polyethylene - Medium Shore A (\textbf{Plastizote})} Lightweight Polyethylene - Medium Shore A (\textbf{Plastizote})$

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)

Suggested L-code: 5668

Windows and Doors

RevoFit on Check Socket Suggested L-code: 5783

RevoFit on Laminated Socket Suggested L-code: 5783

Dial Location

Distal anterior medial Proximal lateral

Other (see notes below)

Panel Locations

Pretibial & posterior (three panels) with Pads

Posterior only (one panel)

with Pad

through trim line

Pad on Panel

Firm Ethylene Vinyl Acetate 55 Shore A (Puff)

12mm (1/2") black

10mm (3/8") black

6mm (1/4") black

Windows and Doors on Check Socket

Windows and Doors on Laminated Socket

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

Fab pane

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

socket, or use notes field below)

Add strap

Dacron Velcro

Cosmetics

Decorative Lamination on Definitive Using Fred's Legs Sleeve

Customer supplied

Össur to purchase Fred's item:

Customer shaped foam cover (measurements in TT

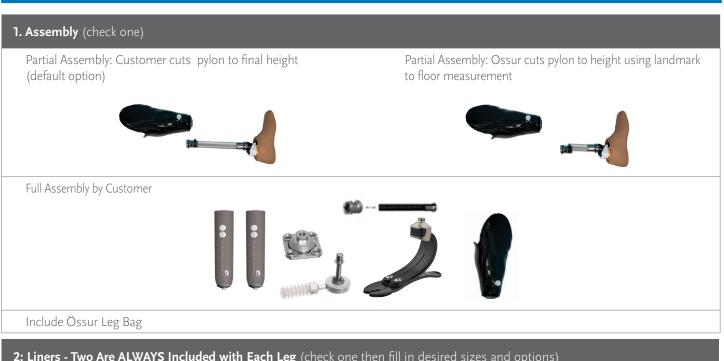
measurement chart) Suggested L-code: 5704

Fab cosmetic distal end

Notes

CLEAR FORM 2 of 10

Products



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 Suggested L-code: 5679 Comfort Dermo Iceform Seal-In V Seal-In Seal-In LINER SIZE LINER SIZE Locking Locking Locking **V** HP X5 Standard Wave Standard 3 mm Wave 6 mm Suggested Suggested Suggested L-codes: 5679 and 5685 L-code: 5679 L-code: 5673 Suggested L-code: 7700 (only billed with L-5679) Comfort w/ Dermo w/ Iceform w/ Seal-In X Seal-In X LINER SIZE Sleeve Sleeve Sleeve with Locking (Ring Options) with Rings Rings Standard Classic Wave Volume 3 mm Grip 6 mm SLEEVE SIZE Iceform Sleeve Iceross Sleeve Genu Sleeve Ring Size: 22 20 24 LINER SIZE 26 28 30 32 35 38 41 44 47 55 65 51 60

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 no flexible inner Laminated, with flexible inner

Flexible Inner Socket

- Plastic

Flexible Inner Socket

- Sheet Material/ Other (PeLite, Keasy Cone)

Definitive ONLY package



Laminated no flexible inner Laminated, with flexible inner

Flexible Inner Socket -Plastic

Flexible Inner Socket -Sheet Material/Other

(PeLite, Keasy Cone)

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

Direct Socket TT

Fiberglass black resin

Fiberglass neutral resin

Basalt

Carbon

4" Material Kit (small distal connector, 200 ml resin)

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

7" Material Kit (400 ml resin) Medium Distal Large Distal (Most Common)

Locking Options

Icelock 621 Ratchet & Extra Pin &

Suggested L-code: 5671



Icelock 651 Smooth & Extra Pin & Suggested L-code:

4. Suspension & Socket Adapter for Conventional Socket Fabrication (check all that apply)





Icelock



Icelock 600 XM Suggested L-code: 5671



Suggested L-code: 5671 Icelock 211

Clutch & Extra Pin Icelock 214 4-Hole Clutch &



Icelock 234 Lanyard

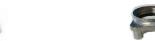
Suggested L-code: 5671



Works With

Icelock 672 Male Pyramid Ti 🕾 Icelock 673 Male Pyramid Al

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











Expulsion Options

Icelock 544 Expulsion Kit Suggested L-code: 5647



Suggested L-code: 5647

Unity Valve TT



Unity Elevated Vacuum Options

Icelock 544 Unity Plate



Icelock 544 Expulsion Valve Kit for sleeves

Suggested L-code: 5647



Icelock 551 Expulsion Valve &



Works With

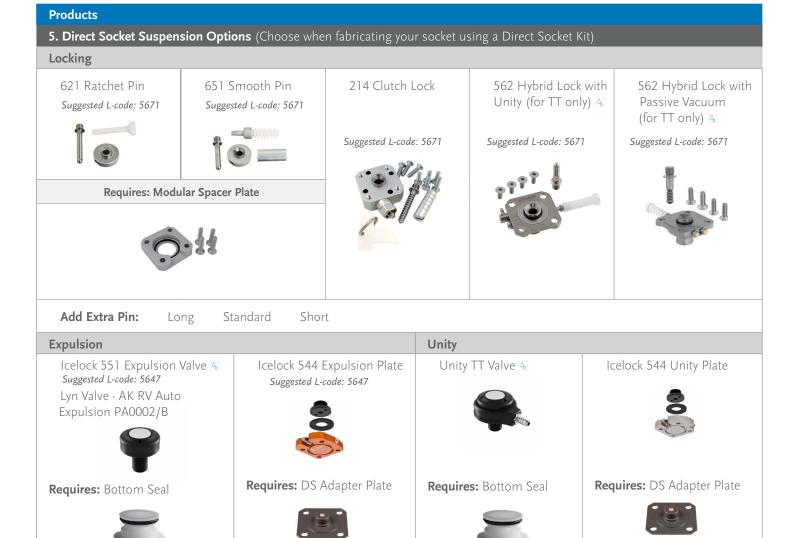
Icelock 544 Socket Adapter



3-Prong Socket Adapter 4-Prong Socket Adapter

CLEAR FORM 4 of 10

4. Suspension & Socket Adapter for Conventional Socket Fabrication Cont. (check all that apply) **Bulldog Locks KISS Suspension** KS1-A (Select either a 544 socket adapter or a prong adapter above) 3GEN-A – standard push lock BDSG-63 – ball bearing safety lock KS2-A 3GEN-AGG (push lock with grooves) KS4-A 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) **ESP** Lyn Valve - AK RV Auto Expulsion PA0002/B



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

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Product	s						
6. Endoskeletal Components (check all that apply for a single prosthesis)							
	4-Hole Adapters			Double Adapters		Single Adapters	
	4-Hole Male	(m) (d)		Female Double Adapter 32mm	<i>⊊</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Male Single Adapter Short	
000	4-Hole Female			Female Double Adapter 45mm	<i>∽</i>	Male Single Adapter Cong	
	4-Hole Male w/ Rotation			Female Double Adapter 60mm	<i>∽</i>	Female Single Adapter Short	
	4-Hole Male w/ 8mm Ax Offset	0		Female Double Adapter 75mm	<i>⊊</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Female Single Adapter Long	
400	4-Hole Female w/ Rotation			Pylon Kits		Other:	
	4-Hole Female Pyramid	(M) -8	8 :	Female Kit Short	<i>⊊</i> ;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	Pylons	
	20/20 Offset 10° Right			Female Kit Long		Female Short	
	4-Hole Female Pyramid 20/20 Offset 10° Left	0	8 8	Height Adjustable Pylons		Female Long	
8	Flexion Plate w/ 45mm Offset, 10° Flexion		o 0	Standard		Tube Clamps Male Tube Clamp	
	Flexion Plate w/ 60mm Offset, 10° Flexion		0	Long		Female Tube Clamp	
	Flexion Plate w/ 75mm Offset, 15° Flexion		Tors	sion Shock Adapter (Extra Co	st)	4-Hole Tube Clamp	2
	Prong Adapters			Torsion Shock Adapter Suggested L-codes: 5984 and 5988		* Patients under 220lb will be supplied with Aluminium adaptors unless	
¥	4-Prong Socket Adapter	0				* Patients between 220-365lb will be	
6	3-Prong Socket Adapter	0				provided with Titanium adaptors. Please check this box if you would	
6	Male Pyramid Insert for Prong	(m) (d)				prefer titanium adapters.	
	Female Pyramid Insert for Prong	\bigcirc				o fit your dimensions if necessary.	
	Female Pyramid Insert for Prong LP	0	lf	you do not want Össur to make	any cha	anges, check this box:	

CLEAR FORM 6 of 10

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† 5972, 5984, 5988 Balance Foot S & 5972, 5986 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 5981, 5986 Pro-Flex ST & 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 Pro-Flex Pivot Pro-Flex LP & 5981, 5986 reimbursement with Unity 💁 5781* with Unity guide Proprio Foot & 5973 Pro-Flex LP Align 5981, 5986, 5990 with Unity 9 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 9 5781* with Unity 5781* **Build Height** Desired build height (mm): With foot cover on. No return or exchange after foot is cut. Foot Size Min Max Pro-Flex Modular & 5980*, 5986* 313mm 22-24cm 157mm 25-27cm

327mm

340mm

168mm

176mm

28-30cm

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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.

[†]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 (sold in packs of 3)

Knit-Rite socks sold in packs of three, 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-So	ck — Black Pol	yester/Lycra® (Solo	d in Packs of 3)				
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-Toe Soft-Sock - Black Polyester/Lycra® (Sold in Packs of 3)							
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	6"-20" (40-50 cm)	9" (23 cm)	6" (15 cm)	28, 30, 32, 34

^{*} Measured 2 inch (5cm) above distal end

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TT Definitive Socket Order Form

nilli O cli i i C					
Billing & Shipping Informat	ion				
Össur Account #:			Ship To:		
CONTACT FOR ORDERING OR DELIVERY QUEST	IONS:		Company:		
Contact:			Address:		
			City/State/Zip:		
			Contact:		
Email:			Phone:	I	Fax:
Mobile Phone:			Email:		
PO#:			Sh	ipping Check Priority:	Next Day Air 2nd Day
	form with the most accion information en	ccurate and up-to-da ables us to provide t	te information, inclu he highest quality pr	iding all patient informat roduct for you and your p	ion, measurements, vatient.
Patient Information					
Last Name:	First Name:		Weight:	lbs. Impact Level	: High Medium Low
Amputation Level: BK SYMES	K-Level: K1	K2 K3 K4	Left: Right:	Bilat Order:	
Definitive Socket				■ Call to o	discuss before fabrication
		From Socket	From Cast F	From CAD file dated:	
TT Measurements f	or Cover	Fully Modified	,	rom CAD life dated.	
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	0. 60/6.	Lamination			
		Lamination			
		Carbon	Basalt	Heavy Duty Lan	nination
	Calf Circ		Lamination from	Color (PRS Pigr	
	-	Fred's Legs	Sleeve	()	,
		Cust	comer supplied		
MPT to	Ankle Circ	Össı	ur to purchase Fre	ed's item:	
\(\frac{1}{1}\) \(\frac{1}{1}\) \(\frac{1}{1}\) \(\frac{1}{1}\)		Alignment			
$\left(\frac{1}{2} \right)$		Transfer		Use Angles	
11111		Transfer and	I zero out	Flexion	
		Use Lines Other			
		Other		Adduction	
Modifications					
	cket Sizing			Prosthetic Height (o	ptional)
		%:	Transfer	Extend:	Shorten:

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TT Definitive Socket Order Form

	Special Fabrications		
Flexible Inner Socket Plastics Suggested L-code: 5645	Fab Custom Inner From S Suggested L-codes: 5655 o	Other Suggested L-codes: 5655 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

-1	RevoFit
Fab Custom Pad	Suggested L-code: 5783

Lightweight Polyethylene – Medium Shore A (Plastizote) 12mm (1/2") pink white 6mm (1/4") pink 5mm (3/16") pink	Dial Location Distal anterior medial Proximal lateral Other (see notes below)
Lightweight Polyethylene – Firm 25 Shore A (PeLite) 12mm (1/2") beige white 5mm (3/16") beige 3mm (1/8") beige	Panel Locations Pretibial & posterior (three panels) with Pads Posterior only (one panel) with Pad through trim line
Location Suggested L-code: 5668 Distal end (1/2") Other (see notes below)	Pad on Panel
Windows and Doors	 Firm Ethylene Vinyl Acetate 55 Shore A (Puff) 12mm (1/2") black
Fab Window(s) or cut out(s) Number: Fab panel Fab overlap door (draw window or door on cast/check	10mm (3/8") black 6mm (1/4") black
socket, or use notes field below)	See markings on cast/socket

Cosmetics Notes

Other (see notes below)

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-code: 5704 Fab cosmetic distal end

Velcro

Add strap Dacron

Send all casts, sockets, files to: 9545 S John Young Parkway, Ste #100, Orlando, FL 32819 | tel: (888)839-6213, fax: (800)831-3160 | cs@ossur.com | www.ossur.com **CLEAR FORM** 10 of 10