ÖSSUR
LIFE WITHOUT LIMITATIONS

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™ M2 Knee** ☐ **Aspire™ P1 Knee**

Step 4 Feet

☐ **Flex-Foot Balance® J**

Foot Size:_____

Side: _____

Category: _____

Foot Cover

☐ Beige ☐ Brown

☐ **Breeze™ Foot**

Foot Size:_____

Side: _____

Foot Cover

☐ Beige ☐ Brown

Step 5 Adapters

☐ **Option 1**

Icelock® 621 Rachet
4-Hole Socket Adapter
4-Hole Female Pyramid
Female Pylon Long

☐ **Option 2**

Icelock® 621 Rachet
3-Prong Socket Adapter
Female Pyramid Insert for Prong
Female Pylon Long

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ÖSSUR®
LIFE WITHOUT LIMITATIONS

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: _____

Foot Cover

☐ Beige ☐ Brown

☐ **Breeze™ Foot**

Foot Size: _____

Side: _____

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

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