

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 \$)

DATE BRACE REQUIRED BY CUSTOMER: _____

MEASUREMENT TYPE

CMS CCS DMS FILE
 PATIENT CAST CAD FILE (AOP)

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

REQUIRED PATIENT INFORMATION

LAST NAME: _____ FIRST 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)

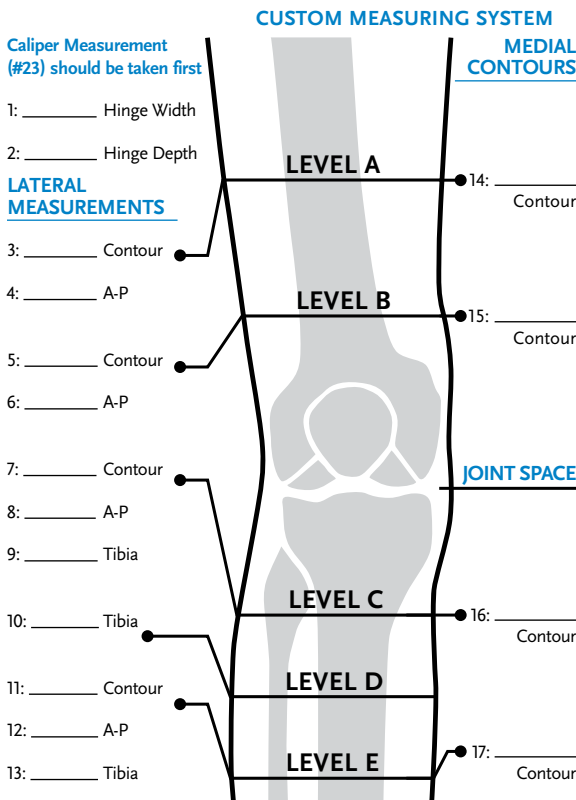
CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

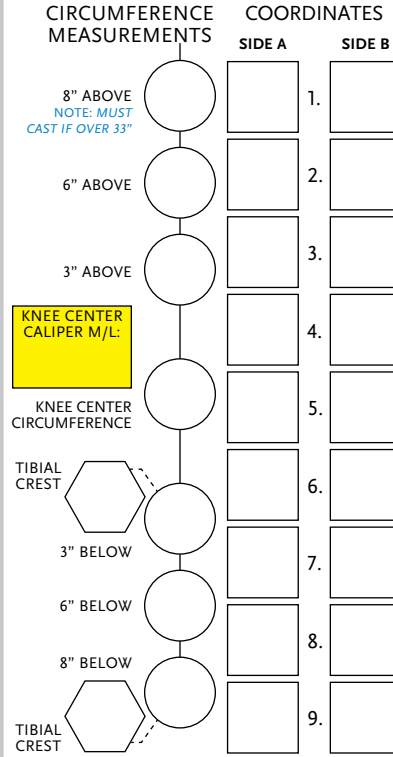
PROV./P.C. or STATE/ZIP: _____



CIRCUMFERENCES (in centimeters)

18. Level A _____
 19. Level B _____
 20. Level C _____
 21. Level E _____
 22. Distal Border of Patella _____
 23. _____
- Take measurement in a weight bearing position at full extension

COORDINATE CAST SYSTEM



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"
- * NOTE: Complete DMS instructions included with kit
- * DMS Online Form: www.ossur.com/dms

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: _____

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: _____

CTi ACCESSORIES:

- BOLDED** are free with initial order only
- AMS WRAP**
 Neoprene (Default) **Evazote**
 Sofsleeve
 Neoprene Undersleeve
 Neoprene Oversleeve
 Padded Sports Oversleeve
 Sport Sleeve
 MX Patella Cup
 MX Gear Guards
 MX Complete Kit (Patella Cup, Gear Guards, Sport Sleeve)
 Other: _____

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: _____ | |

3 SPECIAL NOTES:

- Have brace tech contact prior to fabrication

LIGAMENT

OR **PARADIGM®**

PCL VERSION

OR **EXTREME®**

OR **REBOUND® DUAL**

SmartDosing Kit

SmartDosing Kit/PCL Strap Kit

ÖSSUR CUSTOM BRACE ORDER FORM

CCS, DMS, CAST or CAD

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

SHIPPING INFORMATION

DATE BRACE REQUIRED BY CUSTOMER: _____

SHIP VIA:

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

MEASUREMENT TYPE

- PATIENT CAST CAD FILE (AOP)
 CCS DMS FILE

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

REQUIRED PATIENT INFORMATION

LAST NAME: _____ FIRST 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

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

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

SHIPPING ADDRESS (if different)

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

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

1 Our most recommended OA brace.
 Lightweight, low-profile and for all activity levels.
 (Check one option under DFS strap, brace length and liners)

- 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

For moderate to demanding activities of daily living with rigid shells and robust hinges.
 (Check one option under brace, DFS strap and brace length)

- 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)

BUILD-OA-BRACE

(Choose one option in each section or default will be used)

1. HINGE

- Medium Polyaxial ADJ (Recommended > 200 lbs.)
 Unicentric ADJ Lite (Recommended < 200 lbs.)

2. DFS STRAP

- SmartDosing (default)
 Standard DFS strap

3. HINGE PLACEMENT

- Internal (default)
 External

4. THIGH LINER

- Doeskin (default)
 Sensil (grip liner)
 Other: _____

5. CALF LINER

- Sensil (default) (grip liner)
 Doeskin
 Other: _____

6. THIGH STRAPPING

- 4" Comfort strap (default)
 1.5" Non-Elastic Strap

7. CALF STRAPPING

- 1.5" Calf strap (default)
 4" Elastic strap

8. ACCESSORIES (Additional fees may apply)

- Extra Liner Kit
 Extra Strap Kit
 Hinge Cover
 Cast Kit
- Össur Knee Undersleeve
 Sportsleeve
 Coolsleeve
 Custom Sleeve: _____

9. OPTIONS (Additional fees may apply)

- Short Thigh Shell
 Short Calf Shell
 Supershort
 Shorten upper hinge arm
 Shorten lower hinge arm
 Premium DFS pad
 Thigh medially slotted
 Numbered straps
 Osgood Schlatters
 Prominent Fibular Head
- Comfort Flare
 AMS sleeve
 AMS wrap
 Finger Loops
 Leather Pocket
 Waterski Strap Lock
 Locking 180°
 Locking 170°
 Sensil mid-strap
 3" medial slotted thigh strap

Suspension calf strap:

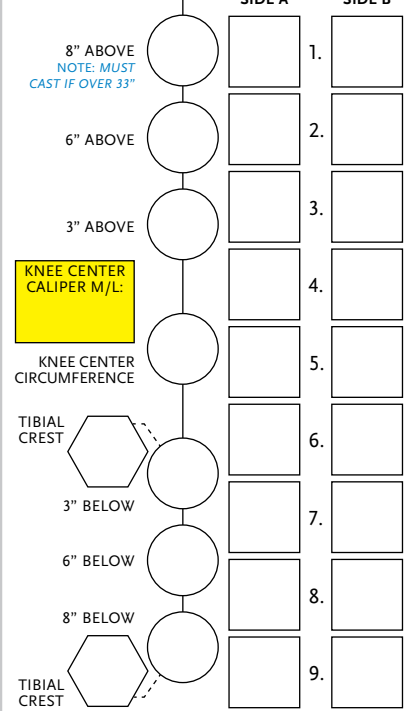
- Unattached
 Attached

Non-elastic thigh attachment:

- Hyperextension
 Suspension
 EXT: 0° (default) 5°
 10° 15°

COORDINATE CAST SYSTEM

CIRCUMFERENCE MEASUREMENTS COORDINATES



SPECIAL NOTES:

- Have brace tech contact prior to fabrication

UNLOADER

FUNCTIONAL HEALING

1 **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

2 **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
 Red Green

OR

CUSTOM PAINT:

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

- MATTE** **GLOSS (default)**
 Hibiscus Flag
 Flames Metal
 Sponge Celestial
 Sports Equip. Camouflage
 Sports Fan Single Color
 2-color Fade 2-color Half/Half
 Special: _____

Össur Americas
 Attn: Custom Bracing Dept.
 27051 Towne Centre Drive
 Foothill Ranch, CA 92610

TOLL (800) 233-6263
 PHONE (949) 382-3883
 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

