

Form for ordering test unit

E-post: retur@ottobock.se

Customer information

Contact person	<input type="text"/>
E-mail	<input type="text"/>
Phone number	<input type="text"/>
Customer number	<input type="text"/>
Delivery address	<input type="text"/>
Your reference	<input type="text"/>
Fitting date (knee joint will be at work shop 2 day ahead)	<input type="text"/>
Testperiod	2 weeks <input type="checkbox"/> Other <input type="checkbox"/>
Pick-up date	<input type="text"/>

Fill in loaner need needs for Lower limb or Upper limb or Other product.

Information Lower limb

Product name or item number	<input type="text"/>	
Product HD level	7E9 <input type="checkbox"/>	7E10 Helix <input type="checkbox"/>
Torsion unit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Center of prosthetic knee to floor (cm) See image (A)	<input type="text"/>	
Loaner foot needed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient will use its own foot	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Prosthetic foot name or item number	<input type="text"/>	
Size	<input type="text"/>	
Weight	<input type="text"/>	

Information Upper limb

Product name or item number	<input type="text"/>	
Side	Left <input type="checkbox"/>	Right <input type="checkbox"/>
Size	S <input type="checkbox"/>	M <input type="checkbox"/>

Other product

Product name or item number	<input type="text"/>
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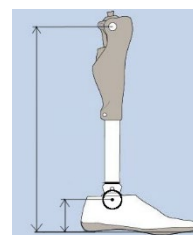


Image (A)
Center of prosthetic knee to floor (cm)

Other information