

Silicone partial toe/foot prosthesis. Order form.

Contact	<input type="text"/>	Customer No.	<input type="text"/>	Date	<input type="text"/>
Customer Information			Ship To Information (if different from customer address)		
Company	<input type="text"/>	Company	<input type="text"/>		
Address	<input type="text"/>	Address	<input type="text"/>		
City/State/Zip	<input type="text"/>	City/State/Zip	<input type="text"/>		
Email	<input type="text"/>	Email	<input type="text"/>		
Phone	<input type="text"/>	Phone	<input type="text"/>		
Patient ID	<input type="text"/>	Shipping Options	<input type="checkbox"/> UPS Next Day <input type="checkbox"/> UPS 2-Day <input type="checkbox"/> UPS Ground <input type="checkbox"/> Other <input type="text"/>		
<input type="checkbox"/> Order <input type="checkbox"/> Quote Only					

Affected toes:

Please check all that apply. (big toe = I)

Left foot

I II III IV V

Right foot

I II III IV V

“Natural” : Full Colour

“Basic” : One Colour

Foot Configuration

- 88A30=2** Trial Foot Prosthesis
- 88A30=1** Definitive Foot Prosthesis w/o Toes “SACH”
- 88A31=1** Definitive Foot Prosthesis with 1D10 Toes “Basic”
- 88A31=1M** Definitive Foot Prosthesis with Custom Toes “Basic”
- 88A32=1** Definitive Foot Prosthesis with Custom Toes “Natural”

Forefoot Configuration

- 88A41=2** Trial Forefoot Prosthesis
- 88A31=4FF** Definitive Forefoot Prosthesis with 1D10 Toes “Basic”
- 88A1=5** Definitive Forefoot Prosthesis with Custom Toes “Basic”
- 88A1=3** Definitive Forefoot Prosthesis with Custom Toes “Natural”

Toe Configuration

- 88A41=2** Trial Toe Prosthesis with Fixation
- 88A41=4** Definitive Toe Prosthesis with Fixation “Basic”
- 88A41=1** Definitive Toe Prosthesis with Fixation “Natural”
- 88A41=P** Trial Toe Prosthesis
- 88A41** Definitive Toe Prosthesis “Natural”

Please provide:

- Photos of affected and contralateral sides
- Cast of affected side*
 - Cast semi-weight bearing in desired heel height
 - Cast proximal to malleoli
 - Mark malleoli, frontal and sagittal lines
- Cast of contralateral side*
- *Not required for SACH or 1D10 toes
- Shoe or provide shoe size _____

Weight: _____



Scan the QR code for the Casting Instructions.

or visit at:

<https://shop.ottobock.ca/Fabrication-Order-Forms>

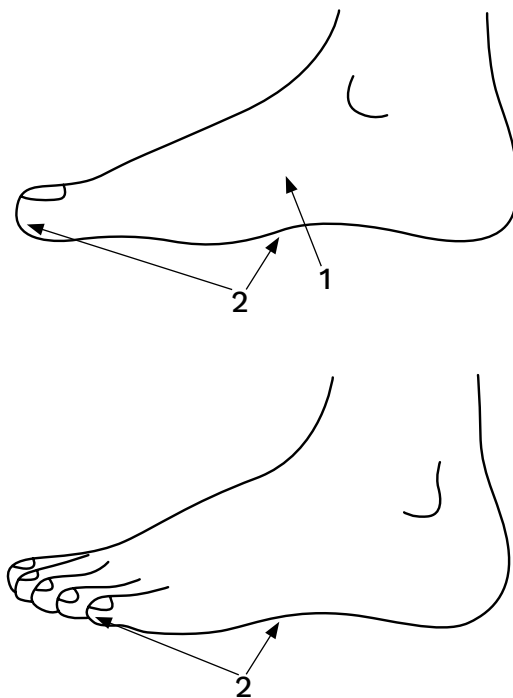
Silicone partial toe/foot prosthesis.

Colour determination spec sheet.

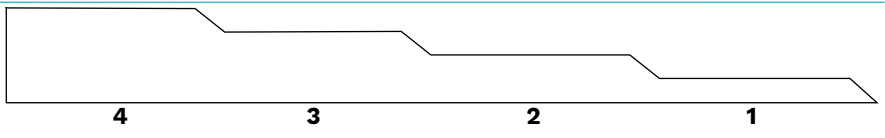
Patient ID Customer No. Date

Comments:

Plantar

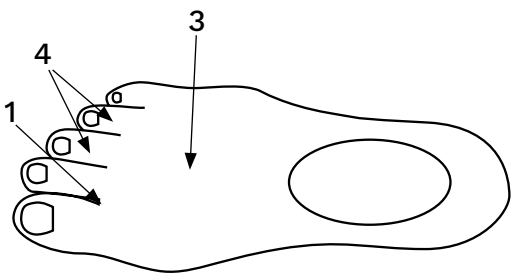


Colour swatch - Colour grade



Area	Swatch #	Grade #	Additional Comments
Plantar			
1 Base		3 4	
2 Plantar/ Toe tip			
Dorsal			
3 Tan			
4 Knuckles			
Vein*	Green	Blue	Other: _____ *Draw vein location
Hair**	Yes	No	**Draw hair orientation

Dorsal

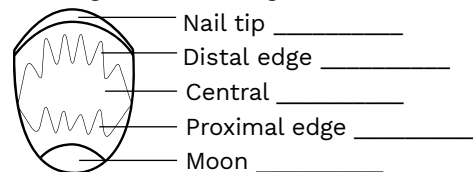


Nails

Shape + length determined by cast
 Acrylic Silicone

Nail Swatch Ring

Nail sample as colour reference only Nail swatch ring*
 *If using nail swatch ring, write swatch ID in corresponding area



Tip Length

