

## Patient Information and Order Form.

Customer Information		Ship To Information	
Date		Name	
Account Number		Address	
Bill to		City/State/Zip	
Phone Number		Phone Number	
Email		Email	
Buyer		Desired Delivery Date	
PO Number		Shipping Options <input type="checkbox"/> UPS Next Day <input type="checkbox"/> UPS 2-Day <input type="checkbox"/> UPS Ground	
Clinician Name		<input type="checkbox"/> Other	

In addition to the C-Brace order form and a negative impression, please complete and submit the C-Brace Three-Stage Casting Technique Checklist. The C-Brace order form and Three-Stage Casting Technique Checklist can be sent to Ottobock via fax, email, or with the cast shipment.

Order  Quote Only

Scan the QR code to view the C-Brace Casting Checklist.



**Approved casting technique and C-Brace training are required. For clinical questions, call 800 328 4058.**

### Patient Information

Patient Name \_\_\_\_\_ Patient Height \_\_\_\_\_ ft. \_\_\_\_\_ in. Patient Weight \_\_\_\_\_

Specify:  Left  Right  Bilateral\*-Left  Bilateral\*-Right **Fitting Stage**

\* If bilateral, please complete one order form for both the right and left leg.

Test-Orthosis

Preprep C-Brace Orthosis

### Test Orthosis Options

**Ankle Joint** (Please Select One)

\* Delivered with foot stirrup and lamination bars invoiced separately.

#### Unilateral (One Joint)

17AO100=22-T ( $\leq$  242 lbs.)  
 Other (Contact Fabrication with requests)

#### Bilateral (Two Joints)

17LA3N=16-T ( $<$  187 lbs.)  17LA3N=20-T ( $<$  242 lbs.)  
 17AD100=16-T ( $\leq$  187 lbs.)\*  17AD100=20-T ( $\leq$  242 lbs.)\*  
 17AO100=22-T ( $\leq$  275 lbs.)

Note: Design changes resulting in a remake are not covered under C-Brace fabrication warranty. The customer is responsible for any additional fabrication expenses (Example: Switching from single upright to double upright at the ankle).

#### Jointed Lower Leg Optional Designs

Posterior calf with anterior tongue (standard if no option selected)  Floor reaction anterior calf (not applicable to leaf spring design)

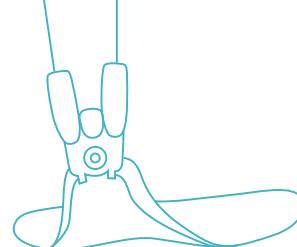
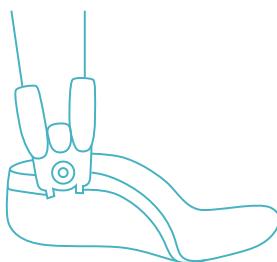
#### Foot plate option

Closed heel foot plate

Open heel foot plate

Maintain arch shape (standard if no option selected)

Flat arch



# C-Brace Patient Information and Order Form

## 17AD300 Nexgear Tango Joint Selections

If you selected 17AD300=16-T or 17AD300=20-T for the ankle joint, please select one of each of the following. If you selected another ankle joint, please disregard this section. If you have any questions, please contact clinical support.

### 1. Anterior Lateral Channel

- Free Motion
- Stop Module
- Spring Module
- Reaction Module Firm
- Reaction Module Extra Firm
- Ultra Module

### 2. Anterior Medial Channel

- Free Motion
- Stop Module
- Spring Module
- Reaction Module Firm
- Reaction Module Extra Firm
- Ultra Module

### 3. Posterior Lateral Channel

- Free Motion
- Stop Module
- Spring Module
- Reaction Module Firm
- Reaction Module Extra Firm
- Ultra Module

### 4. Posterior Medial Channel

- Free Motion
- Stop Module
- Spring Module
- Reaction Module Firm
- Reaction Module Extra Firm
- Ultra Module

## Definitive Options

### Straps and Tongues

2 thigh straps, 1 calf strap and one of the following tongue options:

- Floating tongue (standard if no option selected)
- Lateral attached tongue
- No tongues

Additional strap(s), Specify \_\_\_\_\_  Additional tongue(s), Specify \_\_\_\_\_

514Z9=40-7 SafeLock slider buckles (For single-handed use instead of standard velcro closure)

### Liner Options (Includes 2 sets)

EVA (black) Thickness: \_\_\_\_\_ mm  AirFlex -- standard option (black)

Note: The EVA liner is not removable and will not come with a second set of liners.

### Corrective Pads

Medial Thigh  Medial Calf  3mm  4mm  5mm  6mm

**Finish**  Finished satin black (standard if no option selected)  Fabric design, Specify \_\_\_\_\_

**Reduce medial knee joint clearance from test orthosis design** \_\_\_\_\_ mm

### Ankle clearance for ankle joint(s)

Other \_\_\_\_\_

\_\_\_\_\_ mm medial (5 is standard) \_\_\_\_\_ mm lateral (3 is standard)

### Extended Warranty SP-17KO1=6 Extension of warranty to six years

Note: Three year warranty included with purchase. Ottobock offers the option to purchase an extended warranty to six years. You can take advantage of this option for up to 36 months after the delivery date.

### Accessories

757L43 USB Charger Adapter  4E50-3 Battery Charger (Recommended with purchase of 757L43)  
 131X1=R-7 C-Brace cover  131X1=L-7 C-Brace cover

# C-Brace Patient Information and Order Form

DTO will be as same height as cast. Proximal trimline established by fitting orthotist at DTO fitting.

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\* indicates that field is required prior to DTO fabrication.

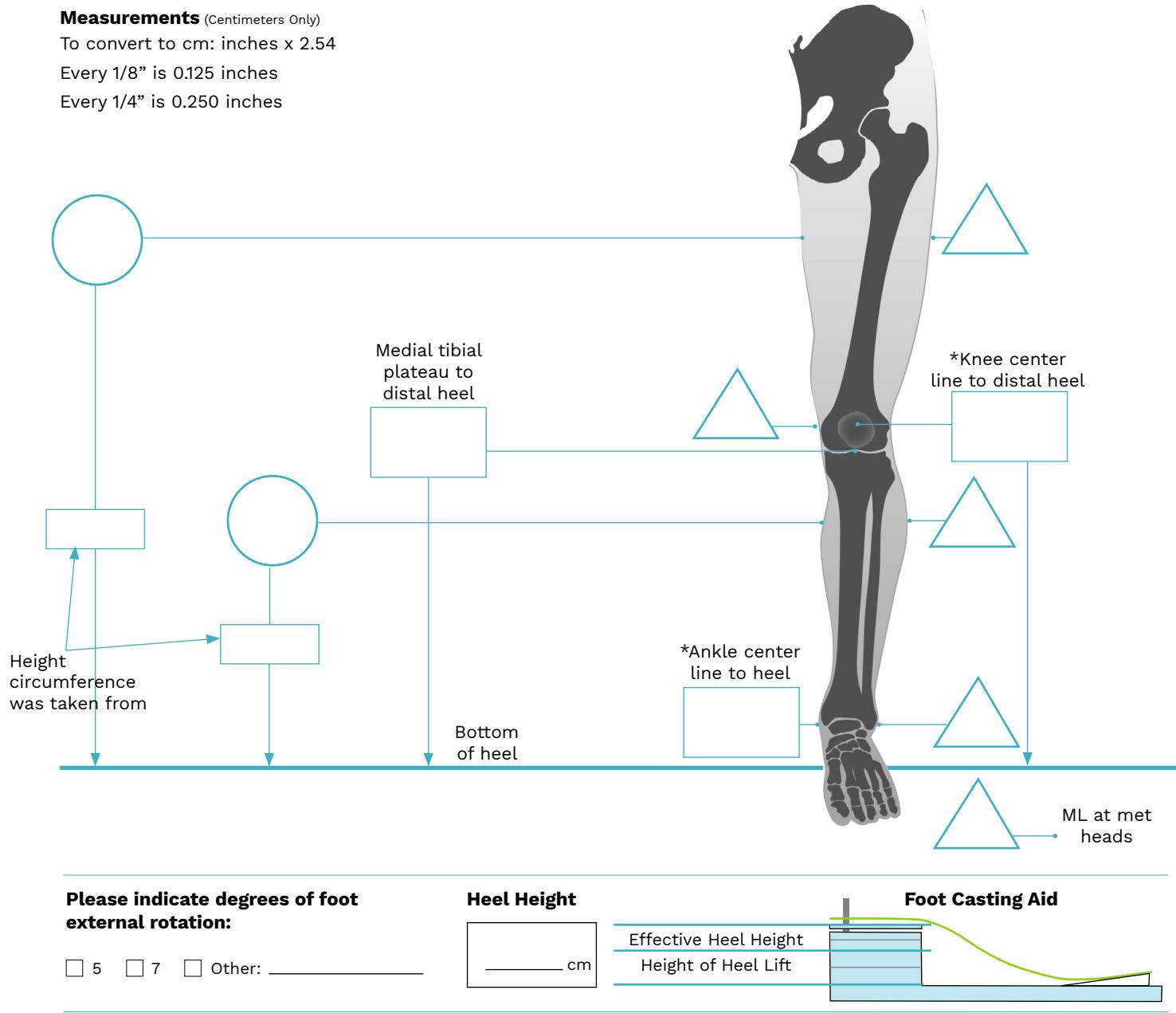
**Measurements were taken:**  Supine  Semi Weight Bearing

## Measurements (Centimeters Only)

To convert to cm: inches x 2.54

Every 1/8" is 0.125 inches

Every 1/4" is 0.250 inches



**Please indicate degrees of foot external rotation:**

5  7  Other: \_\_\_\_\_

**Heel Height**

\_\_\_\_\_ cm

Effective Heel Height

Height of Heel Lift

**Foot Casting Aid**



**Special Instructions / Comments:**