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Account Information		Ship To Information (if different from customer address)	
Date		Name	
Account Number		Address	
Bill to		City/State/Zip	
Phone Number		Phone	
Email		Email	
Buyer		Desired Delivery Date	
PO Number		Shipping Options	☐ UPS Next Day ☐ UPS 2-Day ☐ UPS Ground ☐ Other

Please mail your completed Ottobock order form and a negative impression of the patient's limb to the address below. An Ottobock Fabrication Coordiantor will contact you.

Once this form is complete, please send to Ottobock email. **For clinical questions, call 800-328-4058.**

☐ **Order** ☐ **Quote Only** **US** **Click to Email Form** **CA** **Click to Email Form**

Prosthesis User

Patient Name: _____

Age: _____ Weight: _____

Amputation side (check both if bilateral): ☐ Left ☐ Right

Amputation level: ☐ Transradial ☐ Transhumeral ☐ Other _____

Comments: _____

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Guidelines for Upper Extremity Custom Fabrication

Mail to us

Please supply us with one of the following, **making sure your sample requires nothing more than smoothing prior to fabrication**:

- Modified plaster positive
- Negative mold taken from a modified positive
- Check socket (well-fitting, no modifications required)
- For shoulder disarticulation or forequarter, a full thoracic check socket is required with indication of joint placement. Include anterior and lateral alignment lines. The complete tracing of the upper body should include the following:
  - Mid-line of the body
  - Circumferential measurements of the arm and shoulder at the axilla

Custom silicone is fabricated in Canada. Please ship to SLC with attention to Custom Silicone Canada. Please note, delays are possible due to customs.

Markings

- **Mark the olecranon and epicondyles** for transradial (below-elbow) or wrist disarticulation
- **Mark the joint center** for elbow disarticulation
- **Mark the acromion** for transhumberal (above-elbow), shoulder disarticulation, or forequarter

Lamination

Ottobock fabrication procedures are applied during the lamination process. Only high-grade materials and acrylic resins are used. Should there be a preference, please provide detials in “Special Instructions” box below.

To request glove color swatches for PVC or Skin Natural Gloves call:

- **US Customer Service** at **1 800 328 4058**
- **Canada Customer Service** at **1 800 665 3327**

US Fabrication Center: 3820 West Great Lakes Drive, Salt Lake City, UT 84120

Canada Fabrication Center: 5470 Harvester Road, Burlington, ON L7L5N5

Turnaround Time

The Ottobock Fabrication Center will provide an expected delivery date. The time needed for fabrication can vary according to the job specifications, the availability of components, and the accuracy of the information provided.

Special Instructions:

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Job Type

- ☐ Check Socket
  - ☐ Thermolyn Stiff/Rigid: (Traditional, clear test socket with high strength and fracture resistance)
  - ☐ Thermolyn Clear: (Most optically clear, heat moldable, rigid)
  - ☐ Thermolyn Soft, Clear: (Flexibility acommodates standard or remote electrodes)

Duplication

- ☐ Socket Only
- ☐ Entire Prosthesis (check all that apply)
  - ☐ Transfer all existing components
  - ☐ Use new components
  - ☐ Maintain existing alignment & measurements
  - ☐ Use new alignments & measurments

Custom Silicone *Requires fabrication in CA

- ☐ **88L3=P** Trial Liner (Please also select desired option(s) for FINAL liner)
- ☐ **88L1=SM** Silicone Interface - no laminated frame
- ☐ **88L1=HM** Hybrid Interface - silicone with embedded lamination frame
- ☐ **88L1=BA** Roll-On Liner Only - interface to a laminated socket

Please note: foam covers are no longer offered in the US.

- ☐ Mock Trial Set Up

  Inner Socket: ☐ Thermolyn Soft ☐ Thermolyn Supra Soft ☐ Thermolyn Soft Plus Silicone ☐ Thermolyn Supra Flexible (available in 16 colors)

  Outer Frame: _____
  (e.g., lamination, foam, scotch cast, etc.)

Socket Fabrication

- ☐ Rigid Lamination
- ☐ Heavy Duty Construction
- ☐ Flexible Proximal Brim
- ☐ Color _____
- ☐ Other _____

*Custom fabric must be shipped with finished test socket for definitive fabrication.

Pull-In Tube Options

- ☐ **99B13** Standard Pull Tube
- ☐ **12V10** Tube Valve (includes pull tube)
- ☐ Other _____

Input Devices & Quantity

- ☐ **13E20** Electrode Qty _____
- ☐ **13E202** Suction Electrodes Qty _____
- ☐ Switch/Linear Transducer
  - Type/Part # _____
  - To Control _____
- ☐ MyoPlus Pattern Recognition
- ☐ Other _____

Inner Socket

- ☐ Lamination
- ☐ Thermolyn Soft (most rigid, low friction, ideal for "push-in" donning)
- ☐ Thermolyn Supra Soft (somewhat rigid, more friction for suspension & rotational control)
- ☐ Thermolyn Supra Soft Plus Silicone (stability of Supra Soft, comfortable; high friction)
- ☐ Thermolyn Supra Flexible (most flexible, high friction; ideal for suction socket + donning sheath)

  Color _____

Valve Options

- ☐ **21Y14** Push Valve
- ☐ **21Y21** Click Valve
- ☐ Other _____

Custom Silicone (Canada only)

- ☐ Color _____
- ☐ Gel Pad
  If yes, loctation _____

Battery Selections

- ☐ MyoEnergy Integral Batteries
  - ☐ **757B35=0** (300 mAh)
  - ☐ **757B35=1** (600 mAh)
  - ☐ **757B35=3** (1150 mAh)
  - ☐ **757B35=4** (2350 mAh)
  - ☐ **757B35=5** (3450 mAh)
  - ☐ **757L35** MyoCharge Integral
  - ☐ **757L43** USB Charging Adapter
- ☐ Energy Pack Li-Ion External Batteries
  - ☐ **757B20** Energy Pack - Large
  - ☐ **757B21** Energy Pack - Small
  - ☐ Color 4 (beige)
  - ☐ Color 11 (light brown)
  - ☐ Color 15 (dark brown)
  - ☐ Color Black
  - ☐ **757L20** Li-Ion Battery Charger
- ☐ **757B13** Interchangeable Battery for 4.8V Childrens System
- ☐ **757B13** 4.8V Children's System Charger

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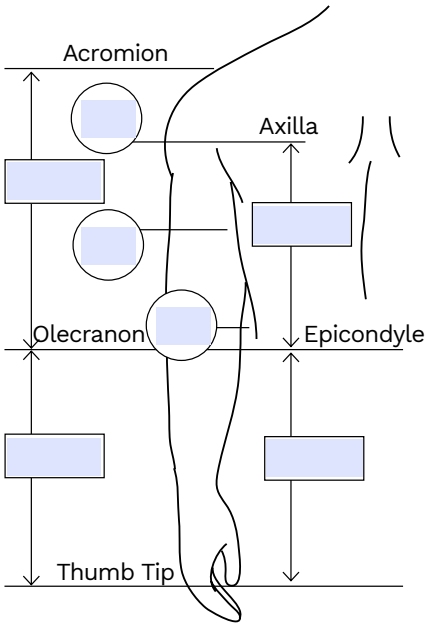
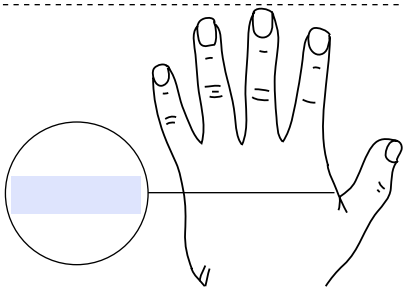
Hand/ Terminal Device Selection

- ☐ **bebionic Hand:**
  - ☐ Quick Disconnect (EQD)
  - ☐ Short Wrist (includes 9S110 lamination ring)
  - ☐ Flexion (built in EQD)
  - ☐ Small - White
  - ☐ Small - Black
  - ☐ Medium (black only)
  - ☐ Silicone Glove Color _____
- ☐ **Michelangelo Hand:**
  - ☐ Quick Disconnect (EQD, includes 9S110 flexion adapter)
  - ☐ Transcarpal

  Please refer to Michelangelo Order Form
- ☐ **AxonRotation:**
  - ☐ Passive
  - ☐ Active
- ☐ **AxonHook**
- ☐ **SensorHand Speed:**
  - ☐ Quick Disconnect
  - ☐ Wrist Disarticulation
  - ☐ 7 ¼ Size
  - ☐ 7 ¾ Size
  - ☐ 8 ¼ Size
  - ☐ PVC Glove Color _____
  - ☐ Skin Natural Glove Color _____
- ☐ **MyoHand VariPlus Speed:**
  - ☐ Quick Disconnect
  - ☐ Wrist Disarticulation
  - ☐ Threaded Stud
  - ☐ Flexion (VariPlus Speed only)
  - ☐ 7 ¼ Size
  - ☐ 7 ¾ Size
  - ☐ 8 ¼ Size
  - ☐ PVC Glove Color _____
  - ☐ Skin Natural Glove Color _____
- ☐ **DMC Plus Hand:**
  - ☐ Quick Disconnect
  - ☐ Wrist Disarticulation
  - ☐ Transcarpal
  - ☐ 8R1 Endo System (for Transcarpal only)
  - ☐ Size 7
  - ☐ PVC Glove Color _____
  - ☐ Skin Natural Glove Color _____
- ☐ **Digital Twin Hand:**
  - ☐ Quick Disconnect
  - ☐ Wrist Disarticulation
  - ☐ 7 ¼ Size
  - ☐ 7 ¾ Size
  - ☐ 8 ¼ Size
  - ☐ PVC Glove Color _____
  - ☐ Skin Natural Glove Color _____
- ☐ **System 2000 Pediatric Hand:**
  - ☐ 5 Size
  - ☐ 5 ½ Size
  - ☐ 6 Size
  - ☐ 6 ½ Size
  - ☐ PVC Glove Color _____
  - ☐ Skin Natural Glove Color _____
  - ☐ 7 in 1 Controller (requires 60X6 Myolino Link)
- ☐ **Greifer - DMC VariPlus System Electric:**
  - ☐ Quick Disconnect
  - ☐ Wrist Disarticulation
  - ☐ 9S278=PAA Larger Hook Tips w/o padding

Measurements





Special Instructions

- ☐ **Wrist Units**
  - ☐ **10V38** MyoWrist Transcarpal
  - ☐ **10V40** MyoWrist 2 Act
  - ☐ **10V51** MyoLino Wrist for Children's System
  - ☐ **10S1** Lamination Ring, Size _____
  - ☐ **10S17** Electric Wrist rotator
  - ☐ **13E205** Myo Rotronic
  - ☐ Standard Wrist (9E169 coaxial plug = 10S4 coupling piece)
- ☐ **Elbow Selection**
  - ☐ **12K44** ErgoArm (mechanical lock)
  - ☐ **12K50** ErgoArm (electric lock)
  - ☐ ErgoArm Color (4, 7, 11, 15) _____

    Note: colors 11 & 15 are only available in size 50
  - ☐ **12K100N** DynamicArm
  - ☐ **12K110N** DynamicArm Plus

    DynamicArm Color (4, 7, 11, 15) _____
  - ☐ **12K12** MovolinoArm Friction (pediatric)
  - ☐ **12K501** AxonArm Ergo

    Please refer to Michelangelo Order Form
  - ☐ **13E100** Analog Adapter