



TF COMPLETE LEG ORDER FORM PACKAGE

Thank you for ordering a TF Complete Leg from Össur Custom Solutions. This package includes all the order forms needed to define the transfemoral leg, order the check socket and then order the definitive socket.

STEP ONE: ORDER THE COMPLETE LEG AND CHECK SOCKET

- Complete the TF Complete Leg Order Form and send to Össur Custom Solutions via fax or email. If you want the liners sent first so you can cast or scan over the new liners, please check the box next to Liners in the Products Section.
- Össur Custom Solutions will then create and send you a quote detailing all items in the Complete Leg.
- Approve the quote and provide a purchase order number to finalize the order.
- Measure the residual limb.

VIA PAPER

Cast over the same type and size liners the amputee will use. Complete the Measurements section of the attached TF Complete Leg Order Form. Send cast and TF Complete Leg order form to Össur Custom Solutions (see form for address).

VIA ÖSSUR CUSTOM SOLUTIONS IPAD APP

Input measurements in the Össur Custom Solutions app. For knee disartic sockets, scan over the same type and size liner the amputee will use. Send the order to Össur Custom Solutions via the app.

STEP TWO: FIT THE CHECK SOCKET, MAKE ANY NECESSARY MODIFICATIONS

STEP THREE: ORDER THE DEFINITIVE SOCKET

- Fill out the attached TF Complete Leg Definitive Socket Order Form.
- Send TF Complete Leg Definitive Socket Order Form and modified check socket to Össur Custom Solutions (see form for address).

This form is available in electronic form you can fill out electronically and email or print. Please contact Össur Customer Service for a copy.

FOLLOW ÖSSUR ON



ÖSSUR ORLANDO
PH: 888-839-6213
FAX: 800-788-9878

CS@OSSUR.COM
7199 S CONWAY RD #100
ORLANDO, FL 32812

TF COMPLETE LEG ORDER FORM PACKAGE

Send all casts, sockets, files to: 7199 S Conway Rd #100, Orlando, FL 32812
 tel: (888)839-6213, fax: (800)788-9878 | cs@ossur.com | www.ossur.com

AREA MANAGER INFORMATION

Area Manager: _____ phone: _____ email: _____
 Notes: _____

BILLING & SHIPPING INFORMATION

Össur Account #: _____ Ship To: _____ Date needed in Office: _____
 Contact for ordering or delivery questions: _____ Company: _____
 Contact: _____ Address: _____
 City/State/Zip: _____
 Contact: _____
 Email: _____ Phone: _____ Fax: _____
 Mobile Phone: _____ Email: _____

PO#: _____ Shipping Check Priority: Next Day Air **2nd Day**
 Include return shipping label (\$50 charge inside 48 states)

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information enables us to provide the highest quality product for you and your patient.

REQUIRED PATIENT INFORMATION

Last Name: _____ Height: ft. in. Impact Level: High Med Low Amputation Level: TF KD
 First Name: _____ Weight: lbs. K-Level: K1 K2 K3 K4 Left Right Bilat Order

MEASUREMENTS Call to discuss before design

MEASUREMENTS**			BRIM			DISTAL END SHAPES			
	Length:		Soft IC	IC	Quad	Cylindrical	Squared	Bulbous	Conical
	Level	Tight* Loose*	LINER USED			*ANGLES			
	5cm		Total Reduction	%		Flexion: _____ Adduction: _____			
	10cm		Ply		*Expulsion/vacuum angles are 3° unless specified above. Center socket adapter distally, regardless of angles requested				
15cm		*No reduction when tight and loose measurements provided.							
20cm									
25cm									
30cm									

**Length and circumferences are required. If not provided and socket fit requires remake, customer is responsible for cost of remake.

Cast sent to Össur Custom Solutions (optional) Check here to receive foam carving for this order.

NOTES:

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PRODUCTS

1. ASSEMBLY (check one)

Note: Customer responsible for torque and Loctite® on all check leg screws and bolts distal to Össur socket adapter

Partial Assembly: Customer cuts pylon to final height (default option)

Partial Assembly: Össur cuts pylon to height using landmark to floor measurement








Full Assembly by Customer



Include amputee leg bag

2: LINERS (check one then fill in desired sizes and options)





Send liners first for casting

Locking Options		Seal-In Options				
	TF Locking					LINER SIZE
	LINER SIZE					Classic Seal Volume Seal Grip Seal
	Standard Conical					RING SIZE

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PRODUCTS

3: SOCKETS (check options)

Check socket ONLY package	Check socket + Definitive package		Definitive ONLY package
 <p>PETG Check Thermolyn Check Flexible Inner Include second check socket</p>	 <p>PETG Check Thermolyn Check Flexible Inner Include second check socket</p>	 <p>Laminated, with flexible inner Laminated no flexible inner</p>	 <p>Laminated, with flexible inner Laminated no flexible inner</p>
Direct Socket TF			
Material kit:	Brim:		
5" Material Kit	Fiberglass black resin	Fiberglass neutral resin	Basalt
7" Material Kit			Carbon
9" Material Kit			
Connect TF Socket			
Limb circumference (mm):	Requested size:	Medium	Large
Limb length (mm):	Requested size:	Short	Standard






4: SUSPENSION & SOCKET ADAPTER

LOCKING OPTIONS

600 Series Ratchet & Extra Pin 	600 Series Smooth & Extra Pin 	600 XM 	200 Series Clutch & Extra Pin 	200 Series Lanyard 
Works With				
600 Series Pyramid 	600 Series 4 Hole 			

EXPULSION OPTIONS

UNITY ELEVATED VACUUM OPTIONS

544 Expulsion Plate Kit 	552 TF Expulsion valve 	Unity Valve Kit 	Unity 544 Plate Kit 
	Works With		
	544 Socket Adapter 	3-Prong 4-Prong	

Other (write in):

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PRODUCTS

5: ENDOSKELETAL COMPONENTS (check all that apply)

 <p>4-HOLE ADAPTERS 4-Hole Male 4-Hole Female 4-Hole Male w/ Rotation 4-Hole Female w/ Rotation 4-Hole Male w/ 8mm Ax Offset</p>	 <p>DOUBLE ADAPTERS Female Double Adapter 32mm Female Double Adapter 45mm Female Double Adapter 60mm Female Double Adapter 75mmOffset</p>	 <p>TUBE CLAMPS Male Tube Clamp Female Tube Clamp 4-Hole Tube Clamp</p>
 <p>INSERTS FOR PRONG Male Insert for Prong Female Insert for Prong LP Female Inserts for Prong</p>	 <p>PYLONS Height Adjustable Standard Height Adjustable Long Female Short Female Kit Short Female Long Female Kit Long</p>	 <p>SINGLE ADAPTERS Male Single Adapter Short Male Single Adapter Long Female Single Adapter Short Female Single Adapter Long Other:</p>

Össur may select different components to fit your dimensions if necessary. If you do not want Össur to make any changes, check this box:

6: KNEE (check one)

*Locking knee cables will be installed on the anterior/lateral section of the check/definitive socket unless otherwise requested in the Notes section.

 <p>Locking Knee</p>	 <p>Balance Knee OFM1 w/ IKF Adapter w/ Male Pyramid w/ Loop Adapter w/ 3 Arm Adapter</p>	 <p>Balance Knee OFM2</p>	 <p>Total Knee 1900 A835300 Pyramid Top Extension Assist option</p>
 <p>Total Knee 2000 A835300 Pyramid Top Extension Assist option</p>	 <p>OHP3 Knee w/ IKF Adapter w/ Male Pyramid w/ Loop Adapter w/ 3 Arm Adapter</p>	 <p>Total Knee 2100 A835300 Pyramid Top Extension Assist option</p>	 <p>OH7 Knee w/ IKF Adapter w/ Male Pyramid w/ Loop Adapter w/ 3 Arm Adapter</p>
 <p>Mauch Knee Mauch Knee Plus</p>	 <p>RHEO KNEE</p>	 <p>RHEO KNEE XC</p>	 <p>POWER KNEE POWER KNEE EUP</p>

7: FOOT: WITH OR WITHOUT UNITY (check one and fill out the options below)

No Foot	FOOT OPTIONS:	Foot Size:	cm.	Category (1-9)	Left	Right	Foot Shell:	Beige	Brown
 <p>Balance Foot S with Torsion with Unity</p>	 <p>K2 Sensation with DP Flexion with Unity</p>	 <p>Balance J with Unity</p>	 <p>Assure with Unity</p>						
 <p>Talux</p>	 <p>Variflex with Unity</p>	 <p>Pro-Flex with Unity</p>	 <p>Pro-Flex LP Pro-Flex LP Torsion with Unity</p>						
 <p>Pro-Flex LP Align</p>	 <p>PROPRIO FOOT with Unity</p>	 <p>Pro-Flex XC Pro-Flex XC Torsion with Unity</p>	 <p>ReFlex Rotate with Unity</p>						
 <p>ReFlex Shock with Unity</p>									

BILLING & SHIPPING INFORMATION

Össur Account #: _____ Date needed in office: _____

CONTACT FOR ORDERING OR DELIVERY QUESTIONS: _____

Ship To: _____

Company: _____

Contact: _____ Address: _____

City/State/Zip: _____

Contact: _____

Email: _____ Phone: _____ Fax: _____

Mobile Phone: _____ Email: _____

PO#: _____ Shipping Check Priority: Next Day Air **2nd Day**

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information enables us to provide the highest quality product for you and your patient.

PATIENT INFORMATION

Last Name: _____ First Name: _____ Weight: _____ lbs.

Impact Level: High Medium Low Amputation Level: AK KD Left: Right: Bilat Order:

DEFINITIVE SOCKET ■ Call to discuss before fabrication

TF MEASUREMENT CHART

IT to Floor _____

KC to Floor _____

ALIGNMENT _____

Transfer Use Angles

Transfer & zero out _____flexion_____adduction

Use Lines

Other _____

***ITEMS IN BOLD ARE THE DEFAULT SELECTIONS UNLESS OTHERWISE SPECIFIED**

From Socket From Cast From CAD/AOP file dated: _____

FABRICATION

SOCKET MATERIAL		SPECIAL FABRICATION
INNER	LAMINATION FINISH	<input type="checkbox"/> RevoFIT Socket (draw windows and dial location on check socket) <input type="checkbox"/> Pads on RevoFIT panels <input type="checkbox"/> Cosmetic Cover (see left)
<input type="checkbox"/> Proflex	<input type="checkbox"/> Carbon	
<input type="checkbox"/> MPE	<input type="checkbox"/> Basalt	
<input type="checkbox"/> Keasy	<input type="checkbox"/> Color (PRS Pigment 1-16)	
<input type="checkbox"/> Mediflex	<input type="checkbox"/> Decorative Lamination	
<input type="checkbox"/> Pelite	<input type="checkbox"/> Polypro	

Torque and Loctite® all screws and bolts in Össur components.
We will remove and return any alignment adapters you added unless you specify in Notes for us to reattach them.

CUSTOMER NOTES

MODIFICATIONS

SOCKET SIZING	PROSTHETIC HEIGHT
<input type="checkbox"/> Increase <input type="checkbox"/> Decrease %: _____ Ply: _____	(optional) <input type="checkbox"/> Transfer <input type="checkbox"/> Extend: _____ <input type="checkbox"/> Shorten: _____