



## TT COMPLETE LEG ORDER FORM PACKAGE

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

### STEP ONE: ORDER THE COMPLETE LEG AND CHECK SOCKET

- Complete the TT 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.
- Scan or cast the residual limb

#### VIA PAPER

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

#### VIA ÖSSUR CUSTOM SOLUTIONS IPAD APP

Scan over the same type and size liners 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 TT Complete Leg Definitive Socket Order Form.
- Send TT 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

# TT COMPLETE LEG ORDER FORM

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: TT Symes  
 First Name: \_\_\_\_\_ Weight: \_\_\_\_\_ lbs. K-Level: K1 K2 K3 K4 Left Right Bilat Order

## CHECK SOCKET MEASUREMENTS Call to discuss before design

MEASUREMENTS**	SHAPE	SOCKET STYLES	BRIM STYLE
	Level Measurement 15cm 10cm 5cm 0cm 5cm 10cm 15cm 20cm MPT cm ML cm AP cm	Shape by cast Shape by app scan Shape by CAD file CAD file name: _____  LINER USED  Total Reduction _____ % Notes: _____	<b>Total Surface Bearing*</b> Patellar Tendon Bearing Modified PTB  <b>*ANGLES</b> Flexion: _____ Adduction: _____ *All socket angles are 0° unless specified at left. Center socket adapter distally, regardless of angles requested.
	PML ML MPT Length MPT to Floor	*Standard 3% reduction on Iceross liners and 4% on everything else unless specified Ply	<b>Velocity</b> Velocity SC Velocity SCSP

\*\*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:

# TT COMPLETE LEG ORDER FORM PACKAGE

## 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

Comfort Locking



Dermo Locking



Iceform Locking



LINER SIZE

Standard  
Wave  
3 mm  
6 mm

Seal-In  
V HP



Seal-In  
X5



LINER SIZE

Standard Wave

RING SIZE

Comfort w/ Sleeve



Dermo w/ Sleeve



Iceform w/ Sleeve



LINER SIZE

Standard  
Wave  
3 mm  
6 mm

Seal-In V



Seal-In X  
with Rings



Seal-In X  
Locking

Classic  
Volume  
Grip







SLEEVE SIZE

———— Iceform Sleeve    Iceross Sleeve ————

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## PRODUCTS

### 3: SOCKETS (check options: diagnostic + laminated from Össur Custom Solutions or Direct Socket Kit)

Check socket ONLY package	Check socket + Definitive package		Definitive ONLY package
 <p>TTVL-200 PETG Check TTVL-010 Thermolyn Check Flexible Inner Include second check socket</p>	 <p>TTVL-200 PETG Check TTVL-010 Thermolyn Check Flexible Inner Include second check socket</p>	 <p>TTVL-300 laminated socket Flexible inner Polypro socket</p>	 <p>TTVL-300 laminated socket Flexible inner Polypro socket</p>
<b>Direct Socket TT</b>			
Fiberglass black resin		Fiberglass neutral resin	Basalt
5" Material Kit			
7" Material Kit			
9" Material Kit			








### 4. SUSPENSION & SOCKET ADAPTER (check all that apply)

#### LOCKING OPTIONS

<p>600 Series Ratchet Lock &amp; Extra Pin</p> 	<p>600 Series Smooth Lock &amp; Extra Pin</p> 	<p>562 Hybrid</p> 	<p>600 XM</p> 	<p>200 Series Clutch &amp; Extra Pin</p> 	<p>200 Series Lanyard</p> 
Works With					
<p>600 Series Pyramid</p> 	<p>600 Series 4 Hole</p> 				

#### EXPULSION OPTIONS

#### UNITY ELEVATED VACUUM OPTIONS

<p>544 Expulsion Plate Kit for Seal-In</p> 	<p>551 TT Expulsion valve</p> 	<p>Unity Valve Kit</p> 	<p>Unity 544 Plate Kit</p> 
<p>544 Expulsion Valve Kit for Sleeves</p> 	<p>Expulsion Plate Kit for Direct Socket ONLY</p> 	Works With	
<p>544 Socket Adapter</p> 	<p>3-Prong 4-Prong</p>		

Other (write in):

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## PRODUCTS

### 5: ENDOSKELETAL COMPONENTS (check all that apply)



#### 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



#### INSERTS FOR PRONG

- Male Insert for Prong
- Female Insert for Prong
- LP Female Inserts for Prong



#### DOUBLE ADAPTERS

- Female Double Adapter 32mm
- Female Double Adapter 45mm
- Female Double Adapter 60mm
- Female Double Adapter 75mm Offset



#### PYLONS

- Height Adjustable Standard
- Height Adjustable Long
- Female Short      Female Kit Short
- Female Long      Female Kit Long



#### TUBE CLAMPS

- Male Tube Clamp
- Female Tube Clamp
- 4-Hole Tube Clamp



#### SINGLE ADAPTERS

- Male Single Adapter Short
- Male Single Adapter Long
- Female Single Adapter Short
- Female Single Adapter Long



Other:

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: 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
	Balance Foot S with Torsion with Unity			K2 Sensation with DP Flexion with Unity					
	Talux			Variflex with Unity					
	Pro-Flex LP Align			PROPRIO FOOT with Unity					
	ReFlex Shock with Unity								



**BILLING & SHIPPING INFORMATION**

Össur Account #: \_\_\_\_\_

CONTACT FOR ORDERING OR DELIVERY QUESTIONS:

Contact: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

PO#: \_\_\_\_\_

Ship To: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Needed in Office: \_\_\_\_\_

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**

Patient Name/Reference: \_\_\_\_\_ Weight: \_\_\_\_\_

Amputation Level: BK  SYME

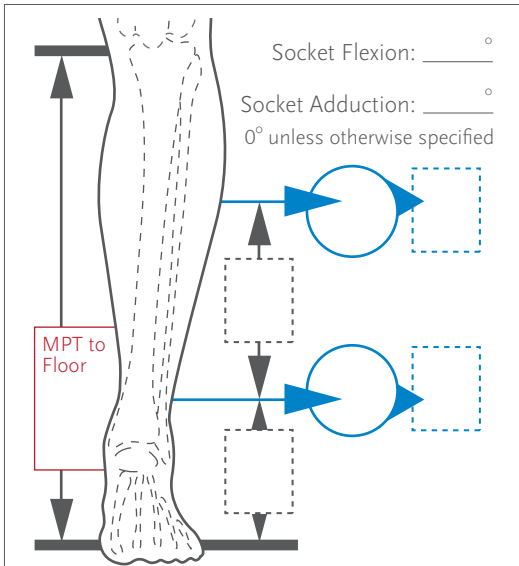
Activity Level: 1  2  3  4

Left:  Right:  Bilat Order:

**DEFINITIVE SOCKET**

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

TT MEASUREMENT CHART



- ALIGNMENT
- Transfer**  Use Angles
  - Transfer & zero out \_\_\_flexion \_\_\_adduction
  - Use Lines
  - Other \_\_\_\_\_

MODIFICATIONS

SOCKET SIZING PROSTHETIC HEIGHT

- Increase
- Decrease
- %: \_\_\_\_\_
- Ply: \_\_\_\_\_

- Transfer**
- Extend: \_\_\_\_\_
- Shorten: \_\_\_\_\_

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

From Socket  From Cast  From CAD/AOP file dated: \_\_\_\_\_

FABRICATION

SOCKET MATERIAL

- |                                   |  |
|-----------------------------------|--|
| INNER                             | LAMINATION FINISH                                  |
| <input type="checkbox"/> Proflex  | <input type="checkbox"/> <b>Carbon</b>             |
| <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                   |

SPECIAL FABRICATION

- RevoLimb Socket (draw windows and dial location on check socket)
- Laminate Removable Cover
- Symes Door (draw on check socket)
- Cosmetic Cover (see left)**

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

## ÖSSUR CUSTOM SOLUTIONS DELIVERY TIMES TO 48 US STATES

Description	Socket or Assembled Leg Delivered to Customer* (business days)	Complete Leg Extra Charge (no discounts)
Create electronic shape by cast	--	included
AK PETG Check Socket	3	included
AK PETG Check Socket >23" Circumference and 16" Length	3	included
AK Thermolyn Check Socket	3	included
AK Thermolyn Check Socket > 23" Circumference and 16" Length	3	included
AK Laminated Definitive Socket	5	included
NU-FlexSIV AK Definitive	5	included
BK PETG Check Socket	3	included
BK Thermolyn Check Socket	3	included
BK Laminated Definitive Socket	5	included

\*Day 0 is when Össur Custom Solutions has received before noon customer's time approved quote, purchase order number, completed order form with measurements, plus scan, cast, or check socket.

\*Customer pays for shipping to Össur Custom Solutions and shipping time to Össur not included in quoted delivery times.

## ADDITIONAL TIME FOR CERTAIN OPTIONS

Don't add time for each option, take the longest extra time for your selected options.

Description	Socket Delivered to Customer* (business days)	Assembled Leg Delivered* (business days)	Complete Leg Extra Charge (no discounts)
Customer-Supplied Decorative Socket Graphics, External and/or Internal on Definitive**	0 to 1 additional depending on customer supplied graphics	0 to 1 additional depending on customer supplied graphics	extra
Add Single Lamination AK	no additional	no additional	extra
AK Foam Cover	2 additional	2 add on def only	extra
AK Flex Polyethylene in Socket	no additional	no additional	one inner included
AK Proflex with Silicone	no additional	no additional	one inner included
AK Proflex without Silicone	no additional	no additional	one inner included
AK P-Lite Inner	no additional	no additional	one inner included
AK Keasy® Cone Inner	no additional	no additional	one inner included
Add Single Lamination BK	no additional	no additional	extra
BK Flex Polyethylene in Socket	no additional	no additional	extra
BK Proflex w/Silicone Inner Socket	no additional	no additional	extra
BK Shape Foam Cover	2 additional	2 add on def only	extra
BK Finish Lamin Removable Cover	2 additional	2 add on def only	extra
BK Symes Door - Laminated	1 additional	1 add on def only	extra
BK Symes Door - PETG	1 additional	1 add on def only	extra
BK Keasy® Cone Inner	no additional	no additional	extra
Add RevoFit	2 additional	2 additional	extra
BK P-Lite Inner	no additional	no additional	extra