

ÖSSUR ARMS

Transradial Diagnostic Order Form

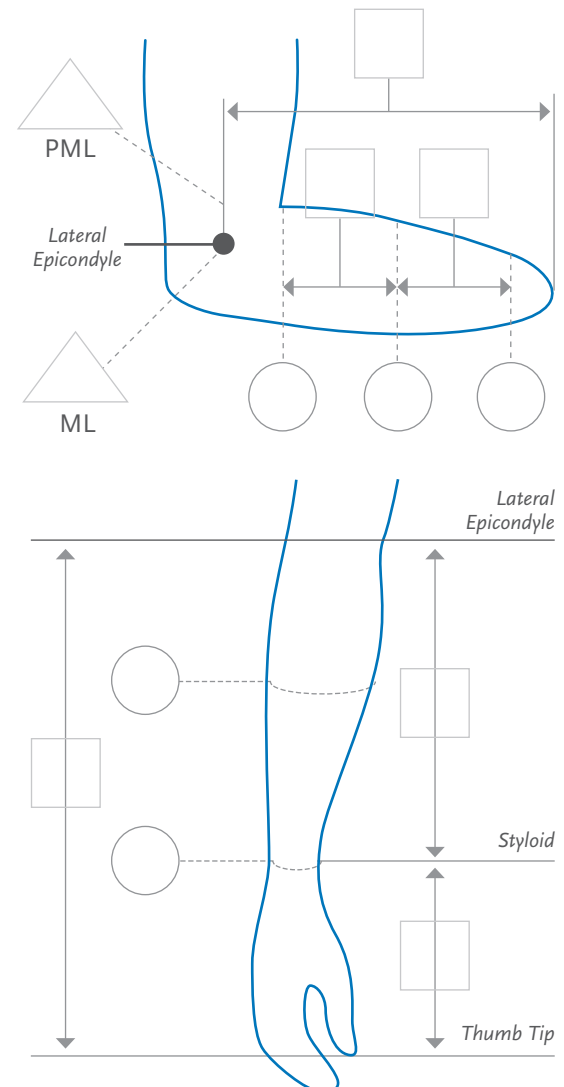


To begin diagnostic fabrication, please ship a modified plaster model or a well-fitting diagnostic socket to Ossur Custom Solutions, 6640 Riverside Dr, STE 360, Dublin, OH 43017. Also send any additional device and fabrication components to prevent fabrication delays.

FACILITY INFORMATION (Billing)			
Account #	Shipping same as billing address		
Clinician Name	Ship to Address		
Company Name			
Company Address			
City	State	Zip	
Telephone			
Purchase Order #			
Sales Quotation#	Ship Via	Next Day	2 Day
Please provide email address or fax number for order confirmation			

PATIENT INFORMATION	
Patient Identifier	Insurance Company

AFFECTED SIDE(S)	
Left	Right
DIAGNOSTIC DEVICE ALIGNMENT	
Do not attach fitting frame (Alignment will be done at fitting)	
As short as possible	
Based on lateral epicondyle to thumb tip measurement:	/ Please mark cast
Transfer existing diagnostic alignment	
Shorten by	cm / in Lengthen by cm / in
DIAGNOSTIC CHANGES	
Increase Open / Close electrode pressure by	cm / in
Other:	
SOCKET MATERIAL	SUSPENSION
Vivak / PETG bubble formed	Anatomical
Vivak / PETG draped	Suction
Proflex	Pin and Lock
HTV Silicone*	Other:
Other:	
OPTIONAL SOCKET ACCESSORIES	INPUT
Pull Hole	Compact Electrodes
Pull Tube w/ Valve*	Remote Electrodes
Location:	Coapt*
Pee Wee Valve*	Other:
Ice Lock Valve*	
Other:	
None	
WRIST ATTACHMENT	OPTIONAL WRIST ACCESSORIES
QWD (Quick Wrist Disconnect)	i-Limb Wrist Rotator
QWD w/ Flexion Wrist	Other:
Wrist Disarticulation	None
Friction Wrist	



* Adds an additional cost.

NOTES: