

# ÖSSUR ARMS

## Transradial Definitive Order Form



To begin definitive fabrication, please ship to Össur Custom Solutions, a well-fitting diagnostic socket with the hand alignment verified. 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

SOCKET MATERIAL	OPTIONAL SOCKET ACCESSORIES	INPUT
Proflex Proflex w/ Silicone Black Orfitrans Excel HTV Silicone* Silicone Color:	Pull Tube Pull Tube w/ Valve* Location: Pee Wee Valve* Ice Lock Valve* Other: None	Compact Electrodes Remote Electrodes Coapt* Other:

SUSPENSION	WRIST ATTACHMENT	OPTIONAL WRIST ACCESSORIES
Anatomical Suction Pin and Lock Other:	QWD (Quick Wrist Disconnect) QWD w/ Flexion Wrist Wrist Disarticulation Friction Wrist	i-Limb Wrist Rotator Other: None

FRAME MATERIAL	FRAME FINISH	FOREARM MEASUREMENTS
Fiberglass Lamination Other:  <small>Note: Carbon fiber is conductive and cannot be used with myoelectric devices.</small>	Smooth Finish Weave Featured (Carbon Look)  Finish Notes:	

FRAME COLOR	FRAME AESTHETIC DESIGN
Color (i.e. Black, Blue, Red, etc) Otto Bock Caucasian Freds Legs Style: <a href="http://bit.ly/SleeveArt">bit.ly/SleeveArt</a> * Other: Hand Mixed Skin Tone based on swatch #: by:	Smooth & flowing, but also greater total volume, larger Less total volume, but also less smooth & flowing, angular No Preference NOTES:  <small>Frame shape is primarily based on limb size and length, and componentry utilized. Options above are for general guidance only and do not constitute a guarantee.</small>
If using a swatch provider other than Touch Solutions, please send us a physical swatch.	

\*Adds an additional cost

**NOTES:**

SIGN BELOW TO AUTHORIZE DEFINITIVE FABRICATION	
I hereby certify that I am aware untested changes to the diagnostic device may lead to improper fit and additional fabrication costs.	
SIGNATURE:	DATE: