ÖSSUR CUSTOM BRACE ORDER FORM | CCS, DMS, CAST OR CAD

MEASUREMENT TYPE

☐ CCS ☐ PATIENT CAST
☐ DMS FILE ☐ CAD FILE (AOP)

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

SHIPPING INFORMATION

DATE BRACE REQUIRED BY CUSTOMER: _____

SHIP VIA: ☐ GROUND ☐ 2ND DAY ☐ NEXT DAY (EXTRA $) ☐ **RUSH** (PLEASE CALL - EXTRA $)

DATE: _____ CUST.#: _____ PURCHASE ORDER #: _____

REQUIRED PATIENT INFORMATION

LAST NAME: _____ FIRST NAME: _____

PHONE: _____ HEIGHT: ___ ft. ___ in. WEIGHT: ___ lbs. AGE: ___ SEX (M/F): ___

☐ LEFT KNEE ☐ RIGHT KNEE ☐ BILATS-L ☐ BILATS-R

BILLING ADDRESS

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ PROV./P.C. : _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS *(if different)*

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ PROV./P.C. : _____

PHONE: _____ FAX: _____

FOR UNLOADER BRAND ORDER

1 ☐ UNLOADER ONE®

Our most recommended OA brace. Light weight and low-profile

☐ with SmartDosing™ (Default)
☐ with ratchet system

☐ UNLOADER ONE® PLUS

Choose PLUS model for larger patients

☐ **Grey** (Default) ☐ **Black** ☐ **Painted** Check color option in #3

Please select one of the following for Unloader One:

☐ 2 sets of thigh and calf liner configuration
☐ 2 sets of thigh liner with AMS calf wrap

OR

☐ OTHER UNLOADER® MODELS:

Check box and choose model below

☐ **XT**
☐ **LITE**

☐ **W/ COOLMAX SLEEVE** (ADDITIONAL CHARGE)
QTY: _____

LINER: ☐ Standard *or* ☐ Thigh: _____ Calf: _____

HINGE OPTION: _____ Default is Standard

EXT: _____ Default is 0°

2 UNLOADING SIDE:

☐ LATERAL OA: hinge on the lateral side
☐ MEDIAL OA: hinge on the medial side

3 COLOURS: Default is black

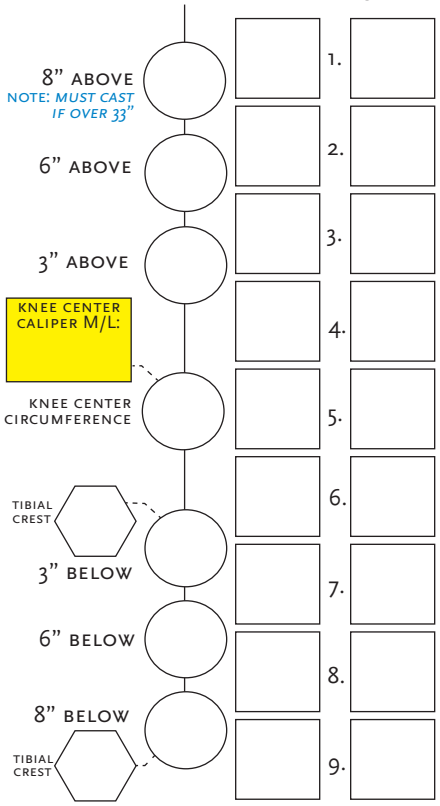
☐ Yellow ☐ Silver
☐ Sky Blue ☐ White
☐ Ocean Blue ☐ Champagne
☐ Navy Blue ☐ Pink
☐ Black ☐ Red
☐ Charcoal ☐ Green

4 SPECIAL NOTES:

☐ HAVE BRACE TECH CONTACT PRIOR TO FABRICATION

_____
_____
_____
_____
_____
_____

ONLY FOR: **COORDINATE CAST SYSTEM**



FOR LIGAMENT ORDER

1 ☐ PARADIGM®

☐ **PCL OPTION**

EXT: _____ **FLX:** _____
Leave blank for default of 0°

OR

☐ EXTREME®

EXT: _____ **FLX:** _____
Leave blank for default of 0°

2 COLOURS: Default is black

☐ Yellow ☐ Silver
☐ Sky Blue ☐ White
☐ Ocean Blue ☐ Champagne
☐ Navy Blue ☐ Pink
☐ Black ☐ Red
☐ Charcoal ☐ Green

3 ACCESSORIES:

_____
_____

4 SPECIAL NOTES:

☐ HAVE BRACE TECH CONTACT PRIOR TO FABRICATION

_____
_____
_____
_____
_____
_____

FOR CTI ORDER

1 ☐ CTi® LIGAMENT ☐ CTi® OA

☐ **VAPOR** (MOST RECOMMENDED-LIGHTEST)
☐ **STANDARD** (IMPACT ACTIVITIES-SPORTS)
☐ **PRO SPORT** (LARGEST PATIENTS-CONTACT)

Special modifications (additional charges may appply):

☐ OA (OSTEOARTHRITIS UNLOADING)
☐ MEDIAL ☐ LATERAL (DEFAULT IS 4° OR SPECIFY)
_____° (CHOOSE 1° TO 7° OF UNLOADING)
☐ SUPER SHORT (FOR 5'3" AND UNDER)
☐ PCL SYSTEM (HELPS REDUCE POSTERIOR DRAWER)
☐ ACL CABLE KIT (ADDITIONAL STABILITY IN EXT)
☐ HYPEREXTENSION STRAP (5TH STRAP ADDED)
☐ FLEXION STOP KIT _____° (0-90° INSTALLED)
☐ SKI BOOT ATTACHMENT (BRACE-TO-BOOT)
☐ OTHER: _____

2 SPECIAL CONDITIONS:

☐ Extension Control Needed: Default is 0-10°
☐ 0-10° ☐ 10-20° ☐ 0-30° ☐ 30-40°
☐ Prominent ☐ VMO ☐ VLO
☐ Hockey Quads
☐ Prominent Tibialis Anterior
☐ Prominent Fibular Head
☐ RTM [Rounded Tibial Member]
☐ Osgood-Schlatters Disease
☐ Shorten Femoral Component
☐ 0.5" ☐ 1.0" ☐ 1.5"
☐ Shorten Tibial Component
☐ 0.5" ☐ 1.0" ☐ 1.5"
☐ Other: _____

3 ACCESSORIES:

BOLDED are free with initial order only

☐ **AMS Wrap:** ☐ **Neoprene** or ☐ **Evazote**
Default is Neoprene
☐ **Sofsleeve**
☐ Neoprene Undersleeve
☐ Neoprene Oversleeve
☐ Padded Sports Oversleeve
☐ Sport Sleeve
☐ MX Patella Cup
☐ MX Gear Guards
☐ MX Complete Kit
(patella cup, gear guards, sport sleeve)
☐ Other: _____

4 COLOURS: Default is black

☐ Yellow ☐ Silver
☐ Sky Blue ☐ White
☐ Ocean Blue ☐ Champagne
☐ Navy Blue ☐ Pink
☐ Black ☐ Red
☐ Charcoal ☐ Green

OR CUSTOM PAINT:

Additional Fee (samples shown below)

☐ Hisbiscus ☐ Sports Equipment
☐ Flag ☐ Camouflage
☐ Flames ☐ Single Color
☐ Metal ☐ 2-color Fade
☐ Sponge ☐ 2-color Half & Half
☐ Celestial ☐ Sports Fan
☐ Special: _____

_____
_____

5 SPECIAL NOTES:

☐ HAVE BRACE TECH CONTACT PRIOR TO FABRICATION

_____
_____

ÖSSUR CUSTOM BRACE ORDER FORM | CMS, DMS, CAST OR CAD

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

MEASUREMENT TYPE

☐ CMS ☐ PATIENT CAST
☐ DMS FILE ☐ CAD FILE (AOP)

SHIPPING INFORMATION

SHIP VIA: ☐ GROUND ☐ NEXT DAY (EXTRA $) ☐ 2ND DAY ☐ **RUSH** (DEFAULT FOR ALL CTI ORDERS)

DATE: _____ **CUST.#:** _____ **PURCHASE ORDER #:** _____

REQUIRED PATIENT INFORMATION

LAST NAME: _____ **FIRST NAME:** _____

PHONE: _____ **HEIGHT:** ___ ft. ___ in. **WEIGHT:** ___ lbs. **AGE:** ___ **SEX** (M/F): ___

☐ LEFT KNEE ☐ BILATS-L
☐ RIGHT KNEE ☐ BILATS-R

BILLING ADDRESS

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **PROV./P.C. :** _____

PHONE: _____ **FAX:** _____

SHIPPING ADDRESS *(if different)*

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ **PROV./P.C. :** _____

PHONE: _____ **FAX:** _____

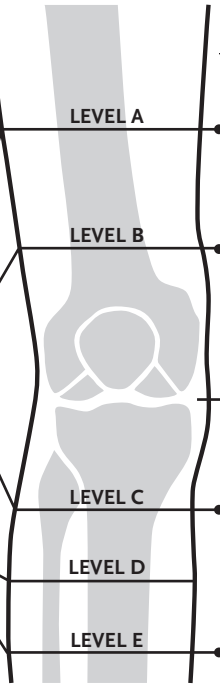
ONLY FOR: CUSTOM MEASURING SYSTEM

Caliper Measurement (#23) should be taken first

1. _____ Hinge Width
2. _____ Hinge Depth

LATERAL MEASUREMENTS

3. _____ Contour
4. _____ A-P
5. _____ Contour
6. _____ A-P
7. _____ Contour
8. _____ A-P
9. _____ Tibia
10. _____ Tibia
11. _____ Contour
12. _____ A-P
13. _____ Tibia



MEDIAL CONTOURS

14. _____ contour
15. _____ contour
16. _____ contour
17. _____ contour

CIRCUMFERENCES [IN CENTIMETERS]

18. Level A _____
19. Level B _____
20. Level C _____
21. Level E _____
22. Distal Border of Patella _____

23. _____ caliper measurement at joint space [1.6-2.0cm less than #1]
Take measurement in a weight bearing position at full extension

SKI BOOT MEASUREMENT
[Required for Ski Boot Attachment*]

_____ inches from the distal border of the patella to the top of the ski boot
Attachment not available if the measurement is less than 7 inches

* Additional fee for Ski Boot Attachment

CASTING INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Make a cylinder cast 12" proximal and 12" distal to mid-patella, using plaster or fiberglass
- Use stockinette only - Do not use cast padding
- Patient should be cast weight bearing (or seated if patient cannot be weight bearing) with knee in full extension and ankle at 90°
- REQUIRED LANDMARKS: Outline patella, fibular head, mark medial joint space, 5" line down tibial crest
- Please send both order form and cast to the address at the bottom of this page

* NOTE: Cut cast down the posterior aspect

CAD (AOP) INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Email CAD (AOP) files to cadorders@ossur.com
- Include this completed form with email or FAX to: 800.453.4567
- *Must cast if top thigh circumference is greater than 33"*

DMS INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Email anterior and lateral view images to dms@ossur.com
- Include this completed form with email or FAX to: 800.453.4567
- *Must cast if top thigh circumference is greater than 33"*

* NOTE: Complete DMS instructions included with kit

FOR CTI ORDER

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☐ Sponge ☐ 2-color Half & Half
☐ Celestial ☐ Sports Fan
☐ Special: _____

5 SPECIAL NOTES:

☐ HAVE BRACE TECH CONTACT PRIOR TO FABRICATION

_____

_____

Össur Canada, Inc.
ATTN:Customer Service
120-11231 Dyke Road
Richmond, B.C.
Canada V7A0A1

phone: 604 241 8152 toll free phone: 800 663 5982
fax: 604 241 8153 toll free fax: 866 441 3880

email: orderscanada@ossur.com

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