

Transtibial Prosthesis

iFab Order Form



Account Information		Ship To Information	
Date	<input type="text"/>	Name	<input type="text"/>
Account Number	<input type="text"/>	Address	<input type="text"/>
Bill to	<input type="text"/>	City/State/Zip	<input type="text"/>
Phone Number	<input type="text"/>	Phone Number	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
Buyer	<input type="text"/>	Desired Delivery Date	<input type="text"/>
PO Number	<input type="text"/>	NOTE: To follow regulatory guidelines, Ottobock will assemble the prostheses per your direction except for attaching the foot, which will be packaged separately with your order.	

Please mail your completed Ottobock order form and a negative impression of the patient's limb to the address below.
An Ottobock Fabrication Coordinator will contact you.

Shipping Options:

UPS Next Day

UPS Ground

UPS 2-Day

Other

Once this form is complete, please send to Ottobock via fax or email.

Order

Quote Only

For clinical questions, call 800 328 4058.

Notes:

Transtibial Prosthesis

iFab Order Form

Patient Information:

Patient Name _____ Patient Weight _____ lbs. Patient Height _____

Male Female Left Right Shoe Size _____

Lamination Color (Be specific regarding company and color name or code.):

Socket Information Provided With

Positive Cast
ETS Form
Existing Socket
Test Socket

Socket Fabrication Instructions

Rough Trial
Laminated Socket
Heavy-Duty Lamination
Soft Insert Liner
Distal End Pad
Thermoplastic Liner
Thermolyn Supra Flexible
Proflex With Silicone
Proflex Without Silicone

Components

Provided By Customer

Pylon _____

Yes No

30mm 34mm Steel Titanium Aluminum

Pylon Adapter _____

Yes No

4R39 Torque Absorber _____

Ottobock Part Number – specify manufacturer if not Ottobock part

Foot _____

Yes No

Ottobock _____ Foot _____ Foot _____

Part Number

Specify manufacturer, if not Ottobock Part Number

Shuttle lock _____

Yes No

Ottobock _____

Part Number

Specify manufacturer, if not Ottobock Part Number

Measurements

(Take all measurements with patient's shoe off. Record all measurements in millimeters unless otherwise noted.)

1. Residual Limb Flexion angle _____ °

2. Set Socket in _____ ° of Flexion

3. Foot size _____ cm

4. Heel height _____ mm

Medial Tibial Plateau (MTP)-to-Floor Measurement

