

CUSTOM SILICONE – ORTHOTIC DEVICES ORDER FORM

— For Clinical Use Only —

Bill To:

Company Name: _____
 Address: _____
 City: _____
 State/Prov: _____
 Phone: _____
 Fax: _____

US Tax ID # (for custom purposes): _____
 Otto Bock Account Number: _____
 Contact: _____
 Email: _____
 Date: _____

Ship To:

Company Name: _____
 Address: _____
 City: _____
 State/Prov: _____
 Phone: _____
 Fax: _____

Purchase Order #: _____
 Client Name/ID: _____
 Affected Side: Left Right

NOTE:

In order to fully conceptualize the best orthosis/protective liner for your client, it is vital to know the desired degree of rigidity required. The options include 20, 35, and/or 65 shores. Please sketch your design in the space below. Although it is not included in the cost of the final liner, it is recommended to proceed with a trial to ensure a proper fit.

ORTHOTIC DEVICES – please select appropriate option(s)		
<input type="checkbox"/>	88W*	Trial Orthosis/Protective Liner (please also select desired option(s) for FINAL device)
<input type="checkbox"/>	88W0	Thumb Orthosis
<input type="checkbox"/>	88W1	Wrist Hand Orthosis (WHO)
<input type="checkbox"/>	88W2	Ankle Foot Orthosis (AFO)
<input type="checkbox"/>	88W3	Protective Liner – Upper Limb
<input type="checkbox"/>	88W4	Protective Liner – Lower Limb

For additional options on the **FINAL** liner, please specify below:

Custom Gel Pad 88L3=IP	Specify locations & thickness:	
Off-the-Shelf Gel Pad 88L3=SP	Specify locations (4.0 mm thickness at apex):	
Solid Colour Added 88L3=C	OB Swatch #:	
	Other – please specify:	
Closure Method (indicate location on sketch below)	Zipper:	<input type="checkbox"/>
	Velcro:	<input type="checkbox"/>

SKETCH DESIGN: (include shore, thickness and any additional requests)