Transpelvic and Hip Prosthesis

Order Form

Please mail your completed Ottobock order form and a positive or 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 ____________

Patient Information
- Left
- Right
- Patient Weight: _____________
- Male
- Female
- Patient Height: ______________
- Lamination Color (Be specific regarding company and color name or code):
- Shoe Size: _____________

Socket Information Provided With
- Positive Cast
- Existing Socket
- Test Socket

Socket Fabrication Instructions
- Heavy-Duty Lamination
- Rough Trial
- Complete
- Finish
- Laminated Socket
- Finish Socket Lamination
- Soft Insert
- End Pad
- Foam Cover
- Thermoplastic Liner - Plastic Type
- Modified Polyethylene Socket with Laminated Distal Frame

Measurements
(Take all measurements with patient’s shoe off. Record all measurements in millimeters unless otherwise noted.)
1. Foot Size: ______ cm
2. Heel Height: ______ mm

For hemipelvectomy fabrication, provide a measurement from the ischium to an arbitrary line proximal to the iliac crest.

Components

Provided by customer

Hip Type
- Yes
- No

Knee Type
- Yes
- No

Pylon
- Yes
- No

Pylon Adapter
- Yes
- No

Foot
- Yes
- No

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.