

ÖSSUR CUSTOM BRACE ORDER FORM

CMS, CCS, DMS, CAST or CAD

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

SHIPPING INFORMATION

SHIP VIA:

☐ GROUND (3-5 DAYS)

☐ SECOND DAY

☐ NEXT DAY (EXTRA \$)

☐ RUSH (PLEASE CALL - EXTRA \$)

DATE BRACE REQUIRED BY CUSTOMER: _____

MEASUREMENT TYPE

☐ CMS

☐ CCS

☐ DMS FILE

☐ PATIENT CAST

☐ CAD FILE (AOP)

DATE: _____ CUSTOMER #: _____ PURCHASE ORDER #: _____

REQUIRED PATIENT INFORMATION

LAST NAME: _____

FIRST NAME: _____

DIAGNOSIS: _____ HEIGHT: _____ ft. _____ in. WEIGHT: _____ lbs. AGE: _____ SEX(M/F): _____ ☐ LEFT KNEE ☐ RIGHT KNEE ☐ BILATS - L/R

BILLING ADDRESS

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

PROV./P.C. or STATE/ZIP: _____

PHONE: _____ FAX: _____

SHIPPING ADDRESS (if different)

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

PROV./P.C. or STATE/ZIP: _____

PHONE: _____ FAX: _____

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

JOINT SPACE

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

SKI BOOT MEASUREMENT

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

COORDINATE CAST SYSTEM

CIRCUMFERENCE MEASUREMENTS

8" ABOVE

NOTE: MUST CAST IF OVER 33"

6" ABOVE

3" ABOVE

KNEE CENTER CALIPER M/L:

KNEE CENTER CIRCUMFERENCE

TIBIAL CREST

3" BELOW

6" BELOW

8" BELOW

TIBIAL CREST

COORDINATES

SIDE A	SIDE B
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.
6.	6.
7.	7.
8.	8.
9.	9.

CASTING INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Make a cylinder cast 12" proximal & 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 & 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 on the back of this page
- * NOTE: Cut cast down the posterior aspect

DMS INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Email anterior and lateral view images to: U.S. - dms@ossur.com, or Canada - orderscanada@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
- * DMS Online Form: www.ossur.com/dms

CAD (AOP) INSTRUCTIONS:

- Complete applicable sections of this form (on either side)
- Email CAD 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"

Please note: customization requests outside of the options printed on this form are based on health care provider's experience & personal preference. As a result, any failure of the brace that Össur, in its sole & exclusive judgment, determines to be a result of such customization(s) requested by health care provider fall outside the scope of Össur's standard Limited Warranty (<http://www.ossur.com/?pageID=13007>), & health care provider shall be solely responsible for the consequences thereof.

1 CTi® LIGAMENT ☐ CTi OA ☐

- ☐ VAPOR (Most Recommended - Lightest)
- ☐ STANDARD (Impact Activities - Sports)
- ☐ PRO SPORT (Largest Patients - Contact)

Special modifications: (additional charges may apply)

- ☐ OA (Osteoarthritis unloading)
- ☐ Medial ☐ Lateral (Default is 4" or specify)
- _____ (Choose 1" to 7" of unloading)
- ☐ PCL System (Helps reduce posterior drawer)
- ☐ ACL Cable Kit (Additional stability in EXT)
- ☐ Hyperextension Straps (5th strap added)
- ☐ Flexion Stop Kit _____ (0-90° installed)
- ☐ Ski Boot Attachment (Brace-to-boot)
- ☐ Other: _____

OR ☐ PARADIGM®:

- ☐ PCL Option:
- EXT: ☐ 0° (Default) ☐ 5° ☐ 10° ☐ 20° ☐ 30° ☐ 40°
- FLX: ☐ 45° ☐ 60° ☐ 70° ☐ 90°

OR ☐ EXTREME®:

- EXT: ☐ 0° (Default) ☐ 10° ☐ 15° ☐ 20° ☐ 30°
- FLX: ☐ 50° ☐ 60° ☐ 70°

CTi SPECIAL CONDITIONS:

- ☐ Extension Control Needed (Default is 10")
- ☐ 0° ☐ 10° ☐ 20° ☐ 30° ☐ 40°
- ☐ Prominent VMO ☐ Prominent VLO
- ☐ Hockey Quads
- ☐ Prominent Tibialis Anterior
- ☐ Prominent Fibular Head
- ☐ RTM (Rounded Tibial Member)
- ☐ Osgood-Schlatters Disease
- ☐ Super Short (For 5'3" and under)
- ☐ Shorten Femoral Component
- ☐ 0.5" ☐ 1.0" ☐ 1.5"
- ☐ Shorten Tibial Component
- ☐ 0.5" ☐ 1.0" ☐ 1.5"
- ☐ Other: _____

CTi ACCESSORIES:

BOLDDED are free with initial order only

- ☐ AMS WRAP
- ☐ Neoprene (Default) ☐ Evazote
- ☐ Socksleeve
- ☐ Neoprene Undersleeve
- ☐ Neoprene Oversleeve
- ☐ Padded Sports Undersleeve
- ☐ Sport Sleeve
- ☐ MX Patella Cup
- ☐ MX Gear Guards
- ☐ MX Complete Kit (Patella Cup, Gear Guards, Sport Sleeve)
- ☐ Sports Cover
- ☐ Other: _____

3 SPECIAL NOTES:

- ☐ Have brace tech contact prior to fabrication

2 COLORS:

Select matte or gloss plus color:

- | | |
|-------------------------------------|------------------------------------|
| <input type="checkbox"/> MATTE | <input type="checkbox"/> GLOSS |
| <input type="checkbox"/> Yellow | <input type="checkbox"/> Silver |
| <input type="checkbox"/> Sky Blue | <input type="checkbox"/> White |
| <input type="checkbox"/> Ocean Blue | <input type="checkbox"/> Champagne |
| <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Pink |
| <input type="checkbox"/> Black | <input type="checkbox"/> Red |
| <input type="checkbox"/> Charcoal | <input type="checkbox"/> Green |

OR ☐ CUSTOM PAINT:

Additional fee plus extra delivery time.

Select matte or gloss plus color:

- | | |
|---|--|
| <input type="checkbox"/> MATTE | <input type="checkbox"/> GLOSS |
| <input type="checkbox"/> Hibiscus | <input type="checkbox"/> Sports Equipment |
| <input type="checkbox"/> Flag | <input type="checkbox"/> Camouflage |
| <input type="checkbox"/> Flames | <input type="checkbox"/> Single Color |
| <input type="checkbox"/> Metal | <input type="checkbox"/> 2-color Fade |
| <input type="checkbox"/> Sponge | <input type="checkbox"/> 2-color Half & Half |
| <input type="checkbox"/> Celestial | <input type="checkbox"/> Sports Fan |
| <input type="checkbox"/> Special: _____ | |

FOR CTi ORDER

ÖSSUR CUSTOM BRACE ORDER FORM

CCS, DMS, CAST or CAD

ALL ORDERS MUST COMPLETE THIS ENTIRE SECTION

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☐ SECOND DAY

☐ NEXT DAY (EXTRA \$)

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☐ DMS FILE

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SHIPPING ADDRESS (if different)

CONTACT: _____

COMPANY: _____

ADDRESS: _____

CITY: _____

PROV./P.C. or STATE/ZIP: _____

PHONE: _____ FAX: _____

1 Our most recommended OA brace.
Lightweight, low-profile and for all activity levels.
(Check one option under DFS strap, brace length and liners)

☐ **UNLOADER ONE®** (16 oz.)

☐ Grey ☐ Black ☐ Painted Check options in **3**
(additional fees may apply)

1. DFS STRAP

☐ SmartDosing® (Default)
☐ Ratchet system

2. BRACE LENGTH

☐ Regular
☐ Short (Recommended 5'4" and under)

3. LINERS

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

For moderate to demanding activities of daily living
with rigid shells and robust hinges.
(Check one option under brace, DFS strap and brace length)

☐ **UNLOADER® CUSTOM** (Standard Configurations)

☐ XT (30 oz.) ☐ Geriatric (24 oz.)
☐ Lite (24 oz.) ☐ Sport (24 oz.)
☐ Select (26 oz.) ☐ Sport Plus (30 oz.)
☐ ADJ (26 oz.) ☐ Suspension (24 oz.)
☐ Plus (30 oz.) ☐ Suspension Plus (30 oz.)

1. DFS STRAP

☐ SmartDosing® (Default, additional fee applies)
☐ Standard DFS strap

2. BRACE LENGTH

☐ Regular
☐ Short (Recommended 5'4" and under, brace will be approx. 1.5" shorter)
☐ Supershort (Recommended 5'1" and under, brace will be approx. 4.2" shorter)

☐ BUILD-OA-BRACE

(Choose one option in each section or default will be used)

1. HINGE

☐ Medium Polyaxial ADJ hinge
(Recommended > 200 lbs.)
☐ Unicentric ADJ Lite hinge
(Recommended < 200 lbs.)

2. DFS STRAP

☐ SmartDosing (default)
☐ Standard DFS strap

3. HINGE PLACEMENT

☐ Internal (default)
☐ External

4. THIGH LINER

☐ Doeskin (default)
☐ Sensil (grip liner)
☐ Other: _____

5. CALF LINER

☐ Sensil (default) (grip liner)
☐ Doeskin
☐ Other: _____

6. THIGH STRAPPING

☐ 4" Comfort strap (default)
☐ 1.5" Non-Elastic Thigh strap

7. CALF STRAPPING

☐ 1.5" Calf strap (default)
☐ 4" Elastic strap

8. OPTIONS

(Additional fees may apply)

☐ Short Thigh Shell
(1.5" shorter)
☐ Short Calf Shell
(1.5" shorter)
☐ Supershort
(approx. 4.2" shorter)
☐ Shorten upper hinge arm
☐ Shorten lower hinge arm
☐ Premium DFS pad
☐ Thigh medially slotted
☐ Numbered straps
☐ 3" medial slotted thigh strap
☐ Osgood Schlatters
☐ Prominent Fibular Head
☐ Comfort Flare
☐ AMS sleeve
☐ AMS wrap
☐ Finger Loops
☐ Leather Pocket
☐ Waterski Strap Lock
☐ Locking 180°
☐ Locking 170°
☐ Sensil mid-strap
Suspension calf strap:
☐ Unattached
☐ Attached
Non-elastic thigh attachment:
☐ Hyperextension
☐ Suspension
EXT: ☐ 0° (default) ☐ 5°
☐ 10° ☐ 15°

9. ACCESSORIES

(Additional fees may apply)

☐ Extra Liner Kit
☐ Extra Strap Kit
☐ Hinge Cover
☐ Cast Kit
☐ Sports Cover
☐ Össur Knee Undersleeve
☐ Sportsleeve
☐ Coolsleeve
☐ Custom Sleeve: _____

2 UNLOADING SIDE:

☐ Lateral OA: hinge on lateral side
☐ Medial OA: hinge on medial side

3 COLORS:

Select matte or gloss plus color. Additional fee may apply in U.S.
for colors other than default:

☐ **MATTE** ☐ **GLOSS (default)**
☐ Yellow ☐ Sky Blue ☐ Ocean Blue ☐ Navy Blue
☐ Black ☐ Charcoal ☐ Silver ☐ White
☐ Champagne ☐ Pink ☐ Red ☐ Green

CUSTOM PAINT:

Select matte or gloss plus color. Additional fee plus extra delivery time.

☐ **MATTE** ☐ **GLOSS (default)**
☐ Hibiscus ☐ Flag ☐ Flames
☐ Metal ☐ Sponge ☐ Celestial
☐ Sports Equip. ☐ Camouflage ☐ Single Color
☐ 2-color Fade ☐ 2-color Half & Half ☐ Sports Fan
☐ Special: _____

COORDINATE CAST SYSTEM

CIRCUMFERENCE MEASUREMENTS COORDINATES

	SIDE A	SIDE B
8" ABOVE NOTE: MUST CAST IF OVER 33"	1.	
6" ABOVE	2.	
3" ABOVE	3.	
KNEE CENTER CALIPER M/L:	4.	
KNEE CENTER CIRCUMFERENCE	5.	
TIBIAL CREST	6.	
3" BELOW	7.	
6" BELOW	8.	
8" BELOW TIBIAL CREST	9.	

4 SPECIAL NOTES:

☐ Have brace tech contact prior to fabrication

Össur Americas

Attn: Custom Bracing Dept.
27051 Towne Centre Drive
Foothill Ranch, CA 92610

TOLL (800) 233-6263

PHONE (949) 382-3883

FAX (800) 453-4567

WEB ossur.com

Össur Canada Inc.

Attn: Customer Service
2150-6900 Graybar Road
Richmond, BC V6W 0A5

TOLL (800) 663-5982

PHONE (604) 241-8152

FAX (866) 441-3880

EMAIL orderscanada@ossur.com



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LIFE WITHOUT LIMITATIONS