

In Lab Use	
Carve File	
Carve File	
Foam Blank	

In Lab Use	
PT#	
PO#	
Claim#	

To Submit: Save file to your computer. Email or fax to Contact info below.

C-BRACE FABRICATION FORM

Patient Name:				ID#:	PO#	
Male	Female	Age:	Weight:	Height:	Due Date: / /	
Diagnosis:						
Company Name:			Contact Name:			
Shipping Address:				Phone:		
Billing Address: (if different)				Email:		
Shipping:	Ground	3 Day Select	2nd Day Air	2nd Day Air AM	Next Day Air Saver	Next Day Air

JOB SPECIFICATIONS

DEVICE	DTO (Test Orthosis)	Prepreg C-Brace Orthosis	Affected side:	Bilateral	Left	Right
ANKLE JOINT Please Select One	Unilateral (One Joint)	Bilateral (Two Joints)				
	17AO100=22-T (≤ 242 lbs.)	17LA3N=16-T (< 187 lbs.)		17LA3N=20-T (< 242 lbs.)		
	Other (Contact Fabrication with requests)	17AD100=16-T (≤ 187 lbs.)*		17AD100=20-T (≤ 242 lbs.)*		17AO100=22-T (≤ 275 lbs.)
Note: Design changes resulting in a remake are not covered under C-Brace fabrication warranty. The customer is responsible for any additional fabrication expenses (Example: Switching from single upright to double upright at the ankle).						

17AD100 Nexgear Tango Joint Selections
 If you selected 17AD100=16-T or 17AD100=20-T for the ankle joint, please select one of each of the following. If you selected another ankle joint, please disregard this section. If you have any questions, please contact clinical support.

1. Anterior Lateral Channel	2. Anterior Medial Channel	3. Posterior Lateral Channel	4. Posterior Medial Channel
Free Motion	Free Motion	Free Motion	Free Motion
Stop Module	Stop Module	Stop Module	Stop Module
Spring Module	Spring Module	Spring Module	Spring Module
Reaction Module Firm	Reaction Module Firm	Reaction Module Firm	Reaction Module Firm
Reaction Module Extra Firm	Reaction Module Extra Firm	Reaction Module Extra Firm	Reaction Module Extra Firm

The 17AD100=MA-20 Mounting Adapter is required to use the 17AD100=16/20-T joint. Please contact Ottobock if you need a 17AD100=MA-20 Mounting Adapter. This is a specialty tool needed for an initial Nexgear Tango joint fitting. Additional tools you will need are an L-shaped T20 torx key and a torque wrench with a T30 bit.

Medial Knee Support
 The medial knee support is required with the C-Brace and Westcoast will select the best option for the patient, based off the information provided in this order form

DEFINITIVE OPTIONS	Strap	Strap Type	Thigh Tongues
	2 thigh straps	Dacron Strap (standard)	No tongues (Standard) Floating tongue
	1 calf strap	C-Fold Strap	Lateral attached tongue Other _____
	Liner Options (Includes 2 sets, 1/8" standard) Note: The EVA liner is not removable and will not come with a second set of liners. EVA (black) Thickness: _____ mm AirFlex -- standard option (black)		
	Foot Plate Options Liner 1/8" EVA (black) Standard Proflex Inner Boot		

FINISH	Finished Gloss black carbon (standard if no option selected)	Fabric design (specify): _____
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MEASUREMENTS AND MODIFICATIONS

<p>Ankle clearance for ankle joint(s) 3/16" (standard) Other: _____</p>	<p style="text-align: center;">Jointed Lower Leg Optional Designs</p> <p>Posterior Calf (standard if no option selected) Floor Reaction Anterior Calf (not applicable to leaf spring design)</p>	
<p>Foot Plate</p> <div style="display: flex; align-items: center;"> <div> <p>Closed heel foot plate</p> </div> </div>	<div style="display: flex; align-items: center;"> <div> <p>Open heel foot plate:</p> <p>Maintain Arch shape (standard if no option selected) Mild Arch shape (standard if no option selected)</p> </div> </div>	
<p>Measurements taken: Supine <u>Ankle Alignment:</u> Neutral(Std.) As is Correct to: _____</p> <p> Semi Weight Bearing <u>Knee Alignment:</u> Neutral(Std.) As is Correct to: _____</p>		
<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>LEFT SIDE</p> <p>Length M/L Circumference</p> </div> <div style="text-align: center;"> <p>RIGHT SIDE</p> <p>Circumference M/L Length</p> </div> </div>		
<p>Hip Center</p> <p>Proximal Finished Trim</p> <p>Mid Thigh</p> <p>Knee Center</p> <p>Fib Head</p> <p>Widest Calf</p> <p>Ankle</p>	<p style="text-align: center;">Perineum</p>	<p>Left Right</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </div> <p style="text-align: center;"></p> <p style="text-align: center;">Foot Length Under Weight Bearing</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </div> <p style="text-align: center;"></p> <p style="text-align: center;">Toe Out Angle</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <input style="width: 30px; height: 30px;" type="checkbox"/> <input style="width: 30px; height: 30px;" type="checkbox"/> </div> <p style="text-align: center;"></p> <p style="text-align: center;">M-L at Met. Head</p>
<p>All height measurements must be taken from floor to indicated position.</p>		
<p>Please indicate degrees of foot external rotation: 5 7 Other: _____ Heel Height: 3/8" (Standard) Other: _____</p>		

Additional Instructions:

Thank you for choosing Westcoast Fabrication: Our commitment to you is fair pricing, fast turnaround times, and exceptional quality. To ensure this, we require accurate data submitted on work order forms, including any applicable measurements and alignment lines.

CONTACT US

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 ORDERING: orders@wcbfab.com

SHIPPING ADDRESS

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