Formula Pediatric Custom Order Form

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Company

Practitioner

Account No.

Phone

Address Line 1

Email

Address Line 2

Purchase Order

City, State, Zip

Patient Information

Amputation Level

Patient Height

Patient ID

Patient Weight (Specify lbs. or kg.)

Patient Age

Selection Chart

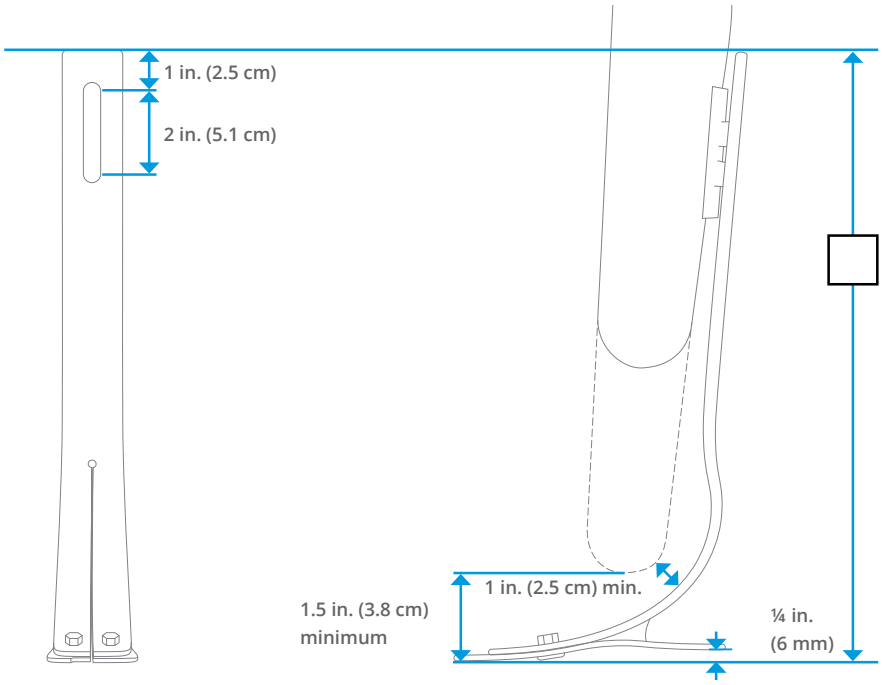
Pediatric Posterior Mounting Bracket Included (180-10-3000). College Park / Össur foot shell sold separately.

178-120-XXX-XXL Formula Pediatric Left with Custom Pylon
178-120-XXX-XXR Formula Pediatric Right with Custom Pylon

Ordering Information

Formula Pediatric Part Number

Patient Weight		16 cm	17 cm	18 cm	19 cm	20 cm	21 cm	22 cm	23 cm	24 cm
30 –45 lbs.	14 – 20 kg	5AC-16	5AC-17	5AC-18	5AC-19	5AC-20	5AC-21	5AC-22	5AC-23	5AC-24
46 – 60 lbs.	21 – 27 kg	4AC-16	4AC-17	4AC-18	4AC-19	4AC-20	4AC-21	4AC-22	4AC-23	4AC-24
61 – 75 lbs.	28 – 34 kg	3AC-16	3AC-17	3AC-18	3AC-19	3AC-20	3AC-21	3AC-22	3AC-23	3AC-24
76 – 99 lbs.	35 – 45 kg	2AC-16	2AC-17	2AC-18	2AC-19	2AC-20	2AC-21	2AC-22	2AC-23	2AC-24
100 – 125 lbs.	45 – 57 kg	AC-16	AC-17	AC-18	AC-19	AC-20	AC-21	AC-22	AC-23	AC-24



Custom Pylon Length

Measure the maximum height to avoid popliteal impingement in full flexion. (Normally this will be the posterior trim line.)

Must be 9 – 16 in. (23 – 41 cm)

Additional Instructions