

1. Type(s) of Device(s)

Lower Extremity

Microprocessor Knee

Mechanical Knee

Prosthetic Foot

Other Prosthetic Device Please write in the type of device you wish to trial on a patient not included in this form:

Upper Extremity

Prosthetic Arm

Pattern Recognition System

Myo Terminal Device

Additional Device Information Please include additional setups — if needed — you would like to include. We will attempt to accommodate with the specific supplier(s).

Proposed Trial Unit Fit Date

What date would you want the demo unit on site for a patient trial for?

Proposed End of Trial Period

What date would you propose the patient trial to end? PLEASE NOTE: The Quattro and other Microprocessor device trial units are intended to be in patient trial for a maximum period of 14 days.

2. Patient Information

Patient Age _____ Patient Gender ☐ Male ☐ Female ☐ N/A

Amputated Side ☐ Left ☐ Right ☐ Bilateral

Height _____ ☐ Inches ☐ cm

Weight _____ ☐ lbs ☐ kg

Activity Level

☐ Ambulatory (K1)

☐ Low Impact (K2)

☐ Active (K3)

☐ Highly Active / Competitive (K4)

Additional Information

Indicate additional patient information, including type of amputation, complications, current prosthetic(s) used, and etc.

Has funding been
secured for device?
☐ Yes ☐ No

3. Facility Information

Fitting Prosthetist _____

Fitting Facility _____

OrtoPed Acct. # (if known) _____

Address 1 _____

Address 2 _____

City _____ Prov. _____ Postal _____

Phone _____ Fax _____

Mobile _____

Email _____

Agreement

By filling this form out and signing below, you agree to the following Terms & Conditions:

Trial unit must be shipped back to OrtoPed, expedited service, at the latest on the "End of trial date". Failure to return of the trial unit as indicated may interfere with other trial requests. I accept full responsibility for any loss or damage to the trial unit over and above reasonable wear and tear. In addition, the unit must be shipped back in its original packaging, with proper packaging care to protect the unit during shipment.

PLEASE NOTE: Quattro and other microprocessor device trial units are intended to be used in patient trial for a maximum period of 14 days.

4. Sign Here (acknowledges and agrees to be bound by attached terms and conditions)

Signature _____ Date of Request _____

Name _____

Title _____



ORTOPED ULC USE ONLY

Approved: ☐ Yes ☐ No

Authorized by: _____

Authorization Date: _____