

Turnaround time

IMPORTANT INFORMATION

We are currently estimating a 2-month turnaround and are also unable to provide rushes at this time. One of our senior techs relocated and we are in the process of training a new technician. We appreciate your patience and understanding



1399 E. Western Reserve Road
Poland, Ohio 44514

Phone: (800)-837-3888 Fax: (330)-757-3634
Email: Info@AnatomicalConceptsInc.com
Web: www.AnatomicalConceptsInc.com

PO #: _____

Practitioner's Email: _____

Ship to: _____

Address: _____

City: _____ State: _____ Zip: _____

Practitioner: _____

Practitioner Signature: _____

Phone Number: _____

Patients name: _____

Height: _____ Weight: _____ Age: _____

Diagnosis: _____

☐ Right leg ☐ Left leg

Affected Compartment:

(circle one)

Medial/Varum Condition

(I want the Medial Compartment Unloaded)

Lateral/Valgum Condition

(I want the Lateral Compartment Unloaded)

Knee Joint Condition

(circle one)

Fixed

Flexible

Varus/Valgus Angle (degree)

Right _____ Left _____

More than 10 degrees varus/valgus REQUIRES
cast to accompany measurement form

Plastic color:

(circle one)

Black (Standard)

Opaque

Strap Color:

(circle one)

Black (Standard)

White

Additional Comments: _____

One liner provided with V-Vas Orthosis

(Open-cell terry cloth with silicone enforcement)

☐ Check box for additional liner

☐ Check box for dual component
crossband construction (carbon graphite)
(\$40.00-per segment)

ANY SPECIALTY REQUESTS NOT LISTED ON OUR FORM, PLEASE CALL TO SPEAK WITH OUR ORTHOTIST
PRIOR TO SENDING YOUR CASE



Patent #6,387,066

CUSTOM ORDER FORM

Choice of Shipping:

☐ Next Day ☐ 2 Day ☐ 3 Day ☐ Ground

RUSH OPTIONS:

☐ 24 hrs-\$100 each ☐ 2-5 business days-\$75 each
☐ 6-9 business days-\$50 each

Bill to: _____

Address: _____

City: _____ State: _____ Zip: _____

***For custom to measurements option (without mold) and for optimum fit and results we REQUIRE providing us with ALL of the measurements & frontal photo of the patient's knee. Please scan and email the photo and orthometry form to info@anatomicalconceptsinc.com**
***More than 10 degrees varus/valgus REQUIRES cast to accompany measurement form**

M-L **Cir.**

* * * * *

2" 2" 2" 3" 2" 2" 2" 2" 2" 2"

***REQUIRED** finished length taken on the affected side
Minimum 5" above the knee

Knee Center

Minimum 5" below the knee

***REQUIRED** finished length taken on the affected side

***For custom to mold option and for optimum fit and results we REQUIRE providing us with the * measurements**

Suggested L-Codes:

L1846- Double Upright KO (Base code)
L2755- ADDITION TO LOWER EXTREMITY
ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT
MATERIAL, ALL HYBRID LAMINATION/
PREPREG COMPOSITE, PER SEGMENT, FOR
CUSTOM FABRICATED ORTHOSIS ONLY

It's recommended to obtain proper medical necessity
from patient(s) physician for any orthosis before you
measure/fabricate any device.



Casting Guidelines

Please read casting instructions entirely and update outdated forms accordingly.

Please contact our on-site orthotist prior to sending you cast impressions if there are any unique patient clinical/technical questions or concerns along with material or modification changes from our standard design criteria listed on the orthometry form. Failure to do so may affect the product warranty and/or turnaround time.

For Treatment of Osteoarthritis (OA), Degenerative Joint Disease (DJD), Genu Varum (Bowleg), Genu Valgum (Knock Knee), Knee buckling from pain or musculature impairment, Gross medial – lateral instabilities

Casting Tips (for custom to mold options)

1. Take a non weight bearing mold with the leg in a corrected position.
2. It is helpful to align the leg in the frontal and sagittal plane in the most pain free position (slight distraction may be beneficial).
3. Place the knee in a comfortable fully extended position (as possible).
4. It is advisable to complete all of the measurements.
5. Place the cast removal cutting strip on the posterior aspect of the leg if possible.
6. If possible cast impression should be a minimum of 10" above and below the knee center.
7. It is REQUIRED to outline the border of the patella with an indelible pencil and locate and mark the knee center.
8. Please create indentation to cast impression on both sides of the patellar tendon with fingers on order to locate the center of the patella accurately.
9. Please tape or staple cut seam to prevent distortion to cast impression during shipping.

REVISED 04/01/25



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ANATOMICAL CONCEPTS INC.
C-FAB POLICY UPDATE

01/01/2016

Due to the high demand for our custom made devices the standard turnaround time on C-Fab cases is approx. 10-15 business days.

Please note these cases are not guaranteed before 15th day unless the listed **RUSH option is checked on our Orthometry form.**

As customary, all **RUSH options requested by our C-FAB customers that require us to put on hold other cases before them will need to expect an additional service charge as follows:**

RUSH options for any C-Fab cases are:

24hrs = \$100.00 ea.

2-5 business days = \$75.00 ea.

6-9 business days = \$50.00 ea.

Conversely, if there is no need for us to place existing cases on hold or the need for us to compensate our technicians for overtime hours then no additional rush service charge will be imposed.