

ALLELES ORDER FORM

Order Date: _____
 Clinician Name: _____
 Phone #: _____
 Email: _____

Shipping Address: _____

 PO#: _____

1. SELECT DESIGN: *The * symbol indicates there are additional color considerations for this design.*

DigiSolo and SOLO designs are only available in 1 Main Color (no Detail Color).

- | | | | | | | | |
|------------------------------------|---|-----------------------------------|--------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|------------------------------------|
| <input type="checkbox"/> Allens | <input type="checkbox"/> Demarche | <input type="checkbox"/> Flora | <input type="checkbox"/> Imperialist | <input type="checkbox"/> Mecha | <input type="checkbox"/> Omega* | <input type="checkbox"/> Racer | <input type="checkbox"/> Victorian |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Digital Rococo | <input type="checkbox"/> Gaia | <input type="checkbox"/> Janz Pro | <input type="checkbox"/> Modena | <input type="checkbox"/> Palms | <input type="checkbox"/> Roe 2.0 | <input type="checkbox"/> Viktor |
| <input type="checkbox"/> Apollo | <input type="checkbox"/> Digi Solo* | <input type="checkbox"/> Geomecon | <input type="checkbox"/> Jennings | <input type="checkbox"/> Monarch | <input type="checkbox"/> Paradigm | <input type="checkbox"/> Roth | <input type="checkbox"/> VX |
| <input type="checkbox"/> Baller | <input type="checkbox"/> Drift | <input type="checkbox"/> Glide | <input type="checkbox"/> John-Paul | <input type="checkbox"/> Moto | <input type="checkbox"/> Patch | <input type="checkbox"/> Royale | <input type="checkbox"/> Wings |
| <input type="checkbox"/> Bloom | <input type="checkbox"/> Exius 2.0 | <input type="checkbox"/> Hi-Top | <input type="checkbox"/> Khloris | <input type="checkbox"/> Moto GP | <input type="checkbox"/> Pines | <input type="checkbox"/> Salt Pro | <input type="checkbox"/> Woodstock |
| <input type="checkbox"/> Deener | <input type="checkbox"/> EXO | <input type="checkbox"/> HIFI | <input type="checkbox"/> L750 | <input type="checkbox"/> Mythic | <input type="checkbox"/> Poet | <input type="checkbox"/> SOLO* | |
| <input type="checkbox"/> Deep Eyes | <input type="checkbox"/> Fadilah | <input type="checkbox"/> Hounds-2 | <input type="checkbox"/> L-Trainer | <input type="checkbox"/> OM | <input type="checkbox"/> Portal | <input type="checkbox"/> Stealth | |

2. COVER LENGTH: *** please ensure there is a 1/2 to 1 inch gap between the top of the footshell and bottom of the cover to accommodate movement.*

- | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> 10in | <input type="checkbox"/> 10.5in | <input type="checkbox"/> 11in | <input type="checkbox"/> 11.5in | <input type="checkbox"/> 12in | <input type="checkbox"/> 12.5in | <input type="checkbox"/> 13in | <input type="checkbox"/> 13.5in | <input type="checkbox"/> 14in | <input type="checkbox"/> 14.5in | <input type="checkbox"/> 15in | <input type="checkbox"/> 15.5in | <input type="checkbox"/> 16in | <input type="checkbox"/> 16.5in | <input type="checkbox"/> 17in | <input type="checkbox"/> 17.5in | <input type="checkbox"/> 18in | <input type="checkbox"/> 18.5in | <input type="checkbox"/> 19in | <input type="checkbox"/> 19.5in | <input type="checkbox"/> 20in |
|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|

3. COVER CIRCUMFERENCE: *Measure widest circumference of sound limb. // BK: Measure 4-5" below the patellar bar depending on cover length. If you fall between sizes: round **down** for a tighter fit & round **up** for a looser fit.*









- | | | | | | | | | | | | | | | | | | |
|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|
| <input type="checkbox"/> 11.5in | <input type="checkbox"/> 12in | <input type="checkbox"/> 12.5in | <input type="checkbox"/> 13in | <input type="checkbox"/> 13.5in | <input type="checkbox"/> 14in | <input type="checkbox"/> 14.5in | <input type="checkbox"/> 15in | <input type="checkbox"/> 15.5in | <input type="checkbox"/> 16in | <input type="checkbox"/> 16.5in | <input type="checkbox"/> 17in | <input type="checkbox"/> 17.5in | <input type="checkbox"/> 18in | <input type="checkbox"/> 18.5in | <input type="checkbox"/> 19in | <input type="checkbox"/> 19.5in | <input type="checkbox"/> 20in |
|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------------|

4. COVER SHAPE: <input type="checkbox"/> AK / Transfemoral <input type="checkbox"/> BK / Transtibial	5. LEFT / RIGHT: <input type="checkbox"/> Left Leg <input type="checkbox"/> Right Leg	6. BACK SHAPE: <input type="checkbox"/> Sport Cut (easier to don/doff) <input type="checkbox"/> Racer Back (more coverage)	7. DURABILITY UPGRADE OPTIONS <i>A) Material Selection (AK Only)</i> <input type="checkbox"/> Default <input type="checkbox"/> Heavy Duty* <small>*Only available for AK Covers for an Additional Charge</small> <i>B) Design Reinforcement</i> <input type="checkbox"/> Default <input type="checkbox"/> Fill holes* <small>*Holes in the selected design will be filled</small>
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- 8. MAIN COLOR**
- | | | | | |
|--------------------------------------|--|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 14K Gold | <input type="checkbox"/> Cobalt Blue | <input type="checkbox"/> Orange | <input type="checkbox"/> Navy | <input type="checkbox"/> Spanish Gold |
| <input type="checkbox"/> Army Green | <input type="checkbox"/> Forest Green | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Teal | <input type="checkbox"/> Tennis Ball |
| <input type="checkbox"/> Azure Blue | <input type="checkbox"/> Grey Green | <input type="checkbox"/> Purple | <input type="checkbox"/> White | |
| <input type="checkbox"/> Baby Blue | <input type="checkbox"/> Kelly Green | <input type="checkbox"/> Racecar Yellow | <input type="checkbox"/> Nude #1 | |
| <input type="checkbox"/> Baby Pink | <input type="checkbox"/> Lilac | <input type="checkbox"/> Red | <input type="checkbox"/> Nude #2 | |
| <input type="checkbox"/> Baby Yellow | <input type="checkbox"/> Lime Green | <input type="checkbox"/> Rose Gold | <input type="checkbox"/> Nude #3 | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Lipstick Pink | <input type="checkbox"/> Seafoam Green | <input type="checkbox"/> Nude #4 | |
| <input type="checkbox"/> Charcoal | <input type="checkbox"/> Maroon | <input type="checkbox"/> Silver | <input type="checkbox"/> Nude #5 | |


- 9. DETAIL COLOR**
- | | | | | |
|--------------------------------------|--|---|----------------------------------|---------------------------------------|
| <input type="checkbox"/> 14K Gold | <input type="checkbox"/> Cobalt Blue | <input type="checkbox"/> Orange | <input type="checkbox"/> Navy | <input type="checkbox"/> Spanish Gold |
| <input type="checkbox"/> Army Green | <input type="checkbox"/> Forest Green | <input type="checkbox"/> Porcelain | <input type="checkbox"/> Teal | <input type="checkbox"/> Tennis Ball |
| <input type="checkbox"/> Azure Blue | <input type="checkbox"/> Grey Green | <input type="checkbox"/> Purple | <input type="checkbox"/> White | |
| <input type="checkbox"/> Baby Blue | <input type="checkbox"/> Kelly Green | <input type="checkbox"/> Racecar Yellow | <input type="checkbox"/> Nude #1 | |
| <input type="checkbox"/> Baby Pink | <input type="checkbox"/> Lilac | <input type="checkbox"/> Red | <input type="checkbox"/> Nude #2 | |
| <input type="checkbox"/> Baby Yellow | <input type="checkbox"/> Lime Green | <input type="checkbox"/> Rose Gold | <input type="checkbox"/> Nude #3 | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Lipstick Pink | <input type="checkbox"/> Seafoam Green | <input type="checkbox"/> Nude #4 | |
| <input type="checkbox"/> Charcoal | <input type="checkbox"/> Maroon | <input type="checkbox"/> Silver | <input type="checkbox"/> Nude #5 | |

- 10. STRAP COLOR**
- | | | | |
|--|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> Black (Default) | <input type="checkbox"/> Tan | <input type="checkbox"/> Red | <input type="checkbox"/> Blue |
|--|------------------------------|------------------------------|-------------------------------|
- 11. COVER FINISH**
- | | | | |
|---|--------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Original (Default) | <input type="checkbox"/> Matte | <input type="checkbox"/> High Gloss | <input type="checkbox"/> Gloss/Matte Combo*
<small>OMEGA Design Only</small> |
|---|--------------------------------|-------------------------------------|---|

- 12. ADJUSTMENTS?** () *Extra measurement(s) needed. See second page for required info.)*
- | | | | | | | | | | | |
|-------------------------------|--|---|--|---|--|---|--|---|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Polycentric/ 4 Bar Knee  | <input type="checkbox"/> Total Knee  | <input type="checkbox"/> Through Knee (TK) | <input type="checkbox"/> Proteor Quattro Knee | <input type="checkbox"/> High Profile/ Blade/ Hydraulic/ Microprocessor Foot  | <input type="checkbox"/> Rotationplasty  | <input type="checkbox"/> Symes (Sport Back Only)  | <input type="checkbox"/> Release Button  | <input type="checkbox"/> Revo Socket  | <input type="checkbox"/> Osseo (AK Only*)
<small>*Osseo covers can only be produced for Above Knee Osseo patients.</small> |
|-------------------------------|--|---|--|---|--|---|--|---|--|---|

ORDERING QUESTIONS?
1300 672 937

ORDER SUBMISSIONS
sales@opchealth.com.au



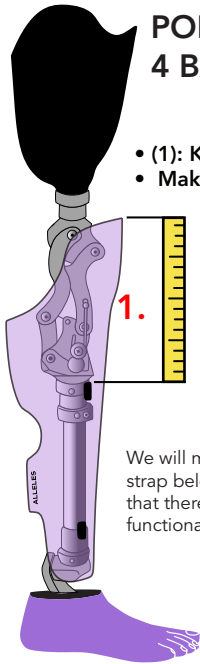
Please report any required adjustment measurements in this area. If you're unsure if certain adjustments apply, please include the KNEE and/or FOOT model in your notes.

ALLELES

ADJUSTMENTS

POLYCENTRIC/ 4 BAR KNEE

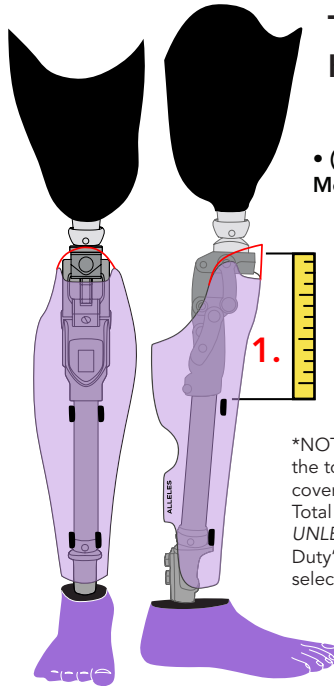
- (1): Knee Unit Measurement; &
- Make & Model of Knee.



We will make sure to move the top strap below the knee mechanism so that there is no interference with the functionality of the knee.

TOTAL KNEE

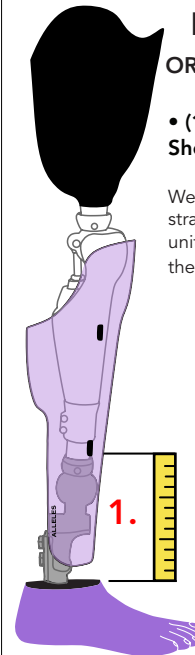
- (1): Knee Unit Measurement.



*NOTE: we will change the top profile of the cover to sit below the Total Knee 'Hammer', UNLESS the 'Heavy Duty' Material is selected.

HIGH PROFILE, BLADE, MICROPROCESSOR, OR HYDRAULIC FOOT

- (1): Measure from Top of Foot Shell to Top of the Foot Unit.

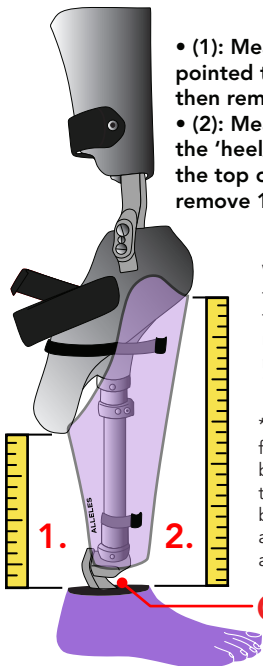


We will make sure to move the bottom strap above the build height of the foot unit so that there is no interference with the functionality of the foot.

*NOTE: the HP foot adjustment typically requires the SPORT BACK shape. Any exceptions must be approved by the ALLELES team.

ROTATIONPLASTY

- (1): Measure from tip of pointed toe to top of footshell; then remove 1" to create a gap.
- (2): Measure from just below the 'heel/knee' of the socket to the top of the footshell; then remove 1" to create a gap.

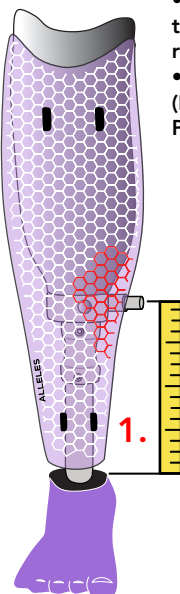


We have developed this shape to streamline the geometry of the rotationplasty set-up and make it feel less bulky and in turn more flattering.

*Be sure to remove 1 inch from your measurements before submitting them to ensure there is a gap between the top of footshell and bottom of the cover to allow for movement.

RELEASE BUTTON (less than 1" in diameter)

- (1): Measure from top of the footshell to center of release button;
- Include button placement (Medial, Lateral, or Posterior)



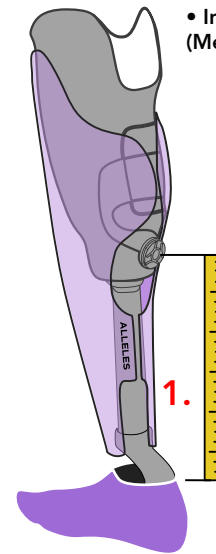
This includes release valves, pinlock buttons or any geometry that protrudes out from the pylon or socket that could interfere with the cover.

We will adjust the artwork on the cover and remove perforations in that general area.

NO access holes will be manufactured on the cover. Adjustments ensure any holes drilled into the cover won't affect overall integrity or leave unwanted edges.

REVO STYLE SOCKETS (more than 1" in diameter)

- (1): Measure from top of footshell to center of dial;
- Include dial placement (Medial, Lateral, or Posterior)



Covers will work best if the dial is mounted on the posterior distal end of the socket. Our covers already have an opening in the back that allows for easy access.

If your dial is medial or lateral, or you have any concerns about overall fit, please reach out with photos PRIOR to ordering.

THROUGH KNEE/ KNEE DISARTICULATION

We will NOT require additional measurements for a Through Knee/Knee Disarticulation cover.

By selecting 'Through Knee' on the Adjustment Section of the order form we will make necessary adjustments to the shape on our end.

SYMES

Due to the individuality of SYMES Sockets, we require:

- The standard socket circumference (4-5" from PTB);
- The widest circumference at ankle;
- Photos of the prosthesis (front, side, & back).

*SYMES Covers can ONLY be ordered as a 'Sport Back'.

ADDITIONAL NOTES

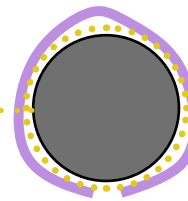
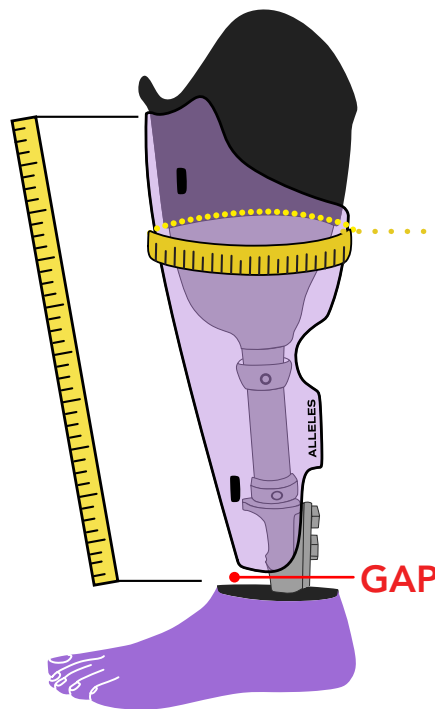
BELOW KNEE COVERS

BK LENGTH:

Measure from the patellar bar to the top of the footshell.

Be sure to remove 1/2 - 1 inch from the overall length before reporting the length to ensure there is a **gap** between the top of footshell and bottom of the cover to allow for movement.

****Please note that covers are manufactured to the length provided.**



BK CIRCUMFERENCE:

Measure the circumference 4-5" below the patellar bar depending on the overall length of the cover (4" on shorter covers, 5" for longer covers).

If you fall between sizes:

- Round **down** for a tighter/ smaller fit;
- Round **up** for a looser/ bigger fit.

****If a suspension sleeve is normally worn, ensure measurement is taken with the suspension sleeve on.**

**NOTE: Covers are made of a hard ABS plastic. If you are calling into question any of these measurement instructions due to socket geometry - please reach out to our team for advice prior to placing your order :)* *

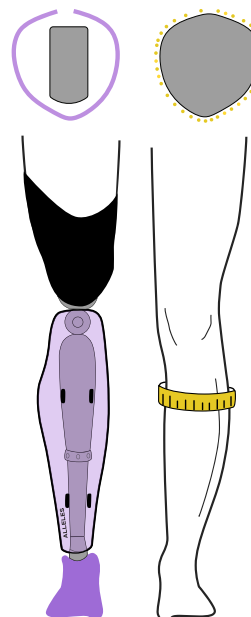
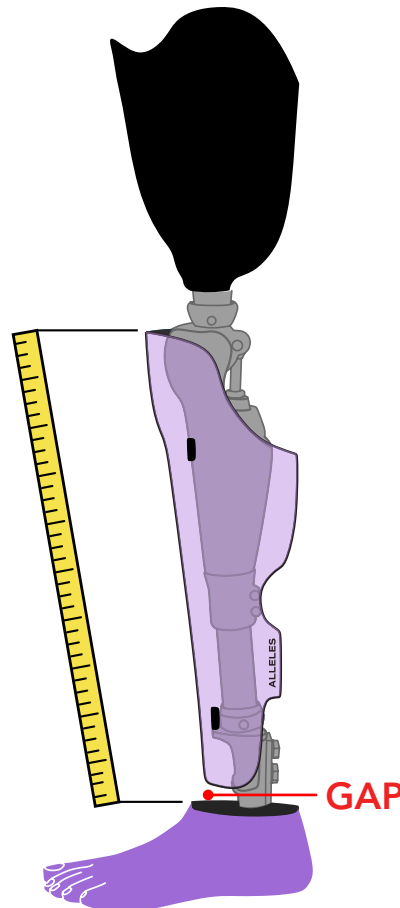
ABOVE KNEE COVERS

AK LENGTH:

Measure from the apex of the mechanical knee to the top of the footshell.

Please remove 1/2 - 1 inch from the overall length to ensure there is a **gap** between the top of footshell and bottom of the cover to allow for movement.

****Please note that covers are manufactured to the length provided.**



AK CIRCUMFERENCE:

Measure the circumference of the widest part of the sound limb.

**** If ordering a bilateral AK set, use best judgement for circumference selection.**