

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
_____ Patient Age	

Selection Chart

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

178-120-XXC-XXL Formula Pediatric Left with Custom Pylon
178-120-XXC-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

