

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Billing Address: _____ Shipping Address: _____

Shipping Preference

Ground

Next Day A.M.

Next Day P.M.

2-Day A.M.

2-Day P.M.

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient Information

Patient's Last Name: _____

Patient's First Name: _____

Fiber Cool Sleeve *(breathable non-neoprene material)*

TS ROM XII-AC *(12" anterior closure sleeve, 2 straps)*
 Size/Quantity: ___ S ___ M ___ L ___ XL
 ___ 2XL ___ 3XL

TS ROM XVI-AC *(16" anterior closure sleeve, 4 straps)*
 Size/Quantity: ___ S ___ M ___ L ___ XL
 ___ 2XL ___ 3XL

Neoprene Sleeve

TS ROM XII-AC *(12" anterior closure sleeve, 2 straps)*
 Size/Quantity: ___ S ___ M ___ L ___ XL
 ___ 2XL ___ 3XL ___ 4XL

TS ROM XVI-AC *(16" anterior closure sleeve, 4 straps)*
 Size/Quantity: ___ S ___ M ___ L ___ XL
 ___ 2XL ___ 3XL ___ 4XL

Sizing Reference

Size	Circumference	
Small	13" to 14"	With the patient's leg at full extension, measure circumference around the center of the affected knee.
Medium	14" to 15"	
Large	15" to 17"	
X-Large	17" to 19"	
2X-Large	19" to 21"	
3X-Large	21" to 22"	
4X-Large	22" to 23"	(neoprene sleeves only)

ROM Control Hinge Include:

*Extension Kit: 0, 5, 10, 15 20 & 30 degrees
 Flexion Kit: 0, 30, 45, 60, 75, 90 and 110 degrees*



Flexion Kit Extension Kit