

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Shipping Preference

Ground

Next Day A.M.

Next Day P.M.

2-Day A.M.

2-Day P.M.

Billing Address: _____ Shipping Address: _____

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

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Model

Reliever Reliever Air Reliever Air Lite

ACL

Combined Instabilities (PCL)*

Option: PCL Strap* PCL Rigid Band*

Compartment

Unload Medial Unload Lateral

Dual Loadshifters Compartment

Thigh Shell Length

7 Inch 8 Inch 9 Inch

Tibia Shell Length

7 Inch 8 Inch 9 Inch Other ____"

Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)

Hinges – Brace is fabricated with LOADSHIFTER *(no charge)* The LOADSHIFTER can be used to increase correction by shifting the thigh shell angle. ONLY offered with TM5+ Aluminum Hinges.

TM5+ Hinges – Includes extension stop kit

Optional flexion stop kit*

Hinge Material

6061 Aluminum *(required for LOADSHIFTER)*

Stainless Steel* *(brace will be fabricated without LOADSHIFTER)*

Add optional extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster (Reliever Air & Reliever only)

Standard Minimal No Bolster

Special Trim Lines (Air Townsend only)

Full Figure: *(Reliever Air Only):* Helps contain soft tissue

Customized Shell Design *(include instructions/drawing)*

Synergistic Suspension Strap Attachment

Standard attachment *(Lateral end recessed inside tibia shell)*

Lateral end attached to outer shell *(for prominent fibular head)*

Double Rivet Suspension Strap

Color/Fabric Inlay

Black Royal Blue Sheer Teal*

Beige Green Sheer Purple*

Gray Burgundy US Flag Fabric*

Red Clear Graphite Fabric

Navy Blue Sheer Red* -1 yard from patient*

Anti-Migration Silicon Infused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover* Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves* 1/16 Comfort Thigh Sleeve

M-L measurement at knee center _____

Special Instructions: _____

*Indicates additional charges apply