

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Shipping Preference	
<input type="checkbox"/> Ground	Billing Address: _____ Shipping Address: _____ City: _____ City: _____ State: _____ Zip: _____ State: _____ Zip: _____
<input type="checkbox"/> Next Day A.M.	
<input type="checkbox"/> Next Day P.M.	
<input type="checkbox"/> 2-Day A.M.	
<input type="checkbox"/> 2-Day P.M.	

(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

- ACL
- Combined Instabilities **(PCL)***
Option: PCL Strap* PCL Rigid Band*

Thigh Shell Length

7 Inch 8 Inch

Tibia Shell Length

6 Inch 7 Inch 8 Inch

Tibia

- C: Anterior Single Band
- D: Posterior Single Band
- E: Double Band*
- Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)



Hinges

- TM5+ Hinges** — Includes extension stop kit
- Optional flexion stop kit*
- Add optional extension assist bands/posts*

Hinge Material

- 6061 Aluminum *(standard, if no hinge material is indicated)*
- Stainless Steel*

Finish and Color

Textured Powdercoat Finish

- Black Royal Blue
- Antique Pewter Burgundy

High Gloss Paint Finish

- Black Emerald Green Burgundy
- Royal Blue Steel Blue White
- Burnt Orange Quicksilver Beige
- Dark Violet Indy Yellow

Custom Paint Finish* – Indicate Custom Paint # _____

Options

- C/S Package* *(for dynamic compression and enhanced suspension)*
- No wraparound attachment of Synergistic Suspension Strap *(recommended if patient has a prominent fibular head)*

Spoooner Patella Stabilizing Attachment*

Brace Cover* Posterior Closure Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve

M-L measurement at knee center _____

Special Instructions: _____

*Indicates additional charges apply