

**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:** \_\_\_\_\_

**The brace you order is determined by the leg, affected knee compartment, and size.**

The Active Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**

- Left Leg Medial OA / Right Leg Lateral OA
- Right Leg Medial OA / Left Leg Lateral OA

**Size**

- XS  SM  MD  LG  XL  2XL  3XL

**Optional**

- Flexion Stop Kit

Size	6" Above Mid-Patella	6" Below Mid-Patella
<b>XS</b>	13" – 15"	10" – 12"
<b>SM</b>	15" – 18"	12" – 14"
<b>MD</b>	18" – 21"	14" – 16"
<b>LG</b>	21" – 23"	16" – 18"
<b>XL</b>	23" – 26"	18" – 20"
<b>2XL</b>	26" – 29"	20" – 22"
<b>3XL</b>	29" – 32"	22" – 24"