

**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.*

**Received Date**

Thuasne USA's shipping department use only

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

**Brace Model**

Standard Layup – 6061 Aluminum Joint (Aircraft grade)

Heavy Duty Layup – Stainless Steel Joint

**Brace Options**

**Hinges\***  Flexion Stop Kit

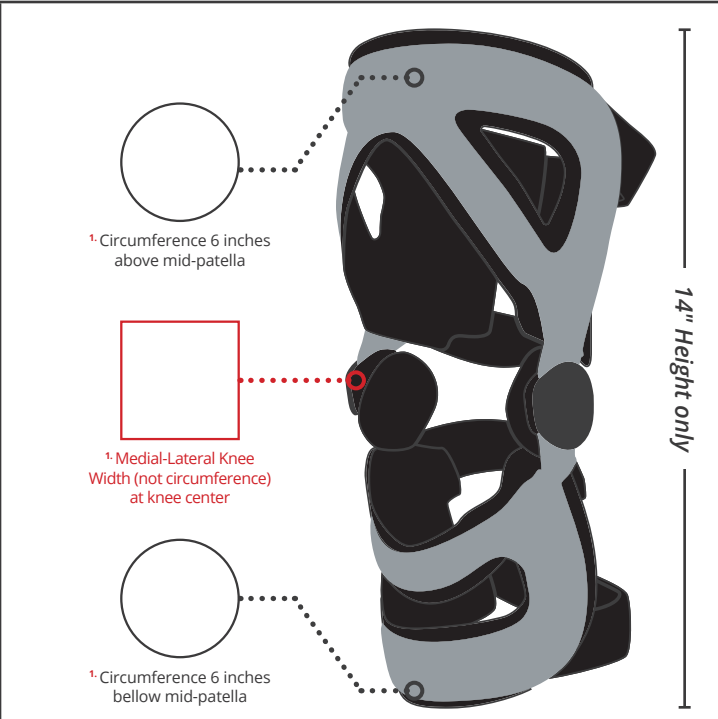
**Undersleeves\***  18" Cotton  18" Neoprene

22" Neoprene

**Brace Cover\***  Pull On

**Thigh Sleeves\***  1/8 Atrophy Thigh Sleeve

1/16 Comfort Thigh Sleeve



*Only available in full anterior frame*

<sup>1</sup>These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Indicates additional charges apply