

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.

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

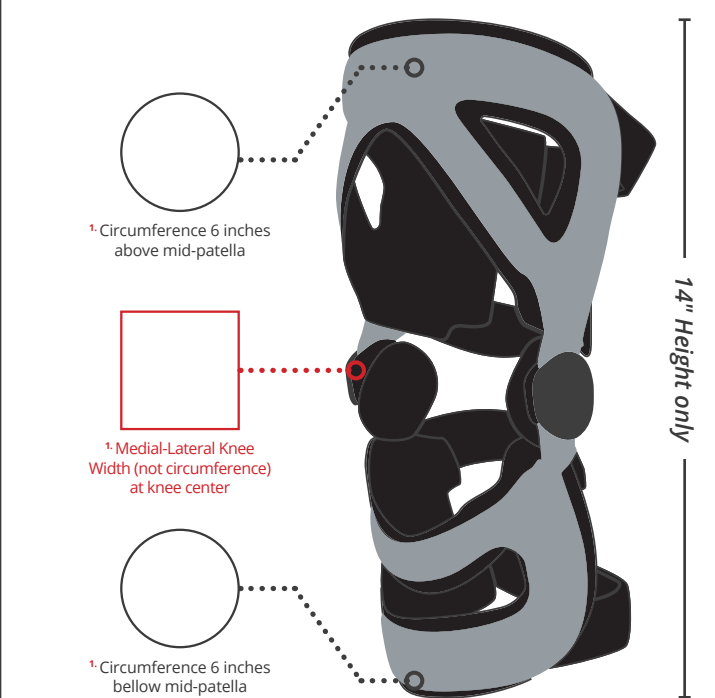
Brace Options

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

¹These 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