

**Account Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

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

**Web Brace**  
*Only offered with aluminum TM5+ hinges in 17" length, with clear graphite shells. Includes EVS patella guard and additional pad set without the patella guard. No additional options need to be marked except sleeve options.*

**Motocross Air**  
*Includes EVS patella guard and additional pad set without the patella guard*

**Thigh Shell Length**

7"  8"  9"

**Tibia Shell Length**

6"  7"  8"  9"  Other \_\_\_\_\_

**Hinges**

**TM5+ Hinges** — Includes extension stop kit  
 Optional flexion stop kit\*

**Hinge Material**

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

**Color/Fabric Inlay**

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Black     | <input type="checkbox"/> Royal Blue     | <input type="checkbox"/> Sheer Teal*     |
| <input type="checkbox"/> Beige     | <input type="checkbox"/> Green          | <input type="checkbox"/> Sheer Purple*   |
| <input type="checkbox"/> Gray      | <input type="checkbox"/> Burgundy       | <input type="checkbox"/> US Flag Fabric* |
| <input type="checkbox"/> Red       | <input type="checkbox"/> Clear Graphite | <input type="checkbox"/> Fabric          |
| <input type="checkbox"/> Navy Blue | <input type="checkbox"/> Sheer Red*     | <i>-1 yard from patient*</i>             |

**Brace Cover\***

Pull On  Posterior Closure

**Undersleeves\***

18" Cotton  18" Neoprene  22" Neoprene

**Thigh Sleeves\***

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

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

\*Indicates additional charges apply