

**Account Contact Information**

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

**Billing and Shipping**

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

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

**Custom Dynamic Reliever**

Note: Dynamic Reliever is a brace for Medial OA only.

**Patient Information**

Fit Date: \_\_\_\_\_

Patient's Last Name: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Male  Female Age \_\_\_\_\_

Weight \_\_\_\_\_ (LBS) Height \_\_\_\_\_ (IN)

Leg:  Left  Right

**Methodology of Delivery for Patient Model**

Composite cast void  Digital Scan

**Work/Activities**

Activities of Daily Living  Contact Sports

Non-Contact Sports

**Options**

Flexion Stop Kit\*

18 inch Cotton Undersleeve\*

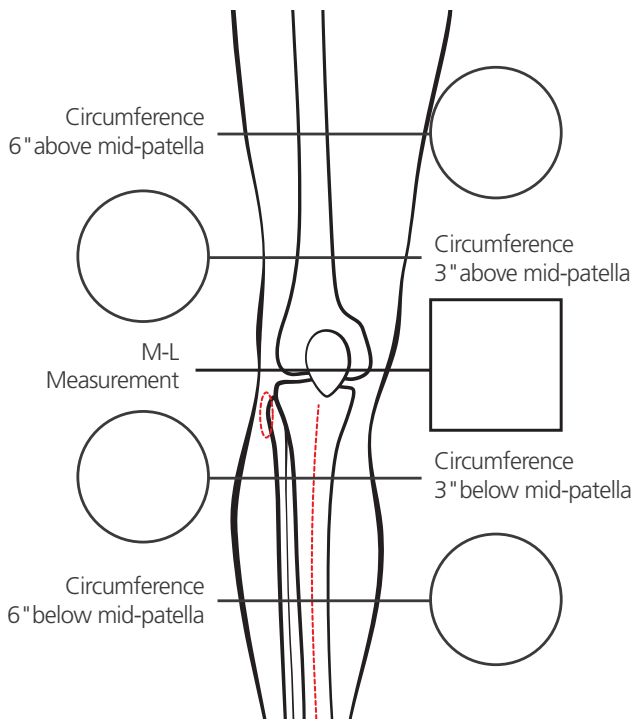
18 inch Neoprene Undersleeve\*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\*Indicates additional charges apply