

**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

**Patient's Diagnosis:** \_\_\_\_\_

**Surgeries (type/date):** \_\_\_\_\_

**Ligament:**  ACL  PCL  LCL  MCL

**Meniscus Damage:**  Medial  Lateral

**Casted position:**

*It is imperative to compare angular and motion differences when evaluating the patient's static (non weight bearing) and dynamic (standing-walking) alignments.*

Seated  Standing  Supine  
 Weight Bearing  Semi Weight Bearing  
 Non Weight Bearing

**Knee Brace Options**

3 Rigid Bands: Anterior thigh band, & 2 posterior calf bands  
 4 Rigid Bands: Anterior & posterior thigh bands & 2 posterior tibia bands *(requires minimum 9 inch thigh shell)*

**Thigh Shell Length:**

3 band model  7"  8"  Other \_\_\_\_\_"  
 4 band model  7"  8"  Other \_\_\_\_\_"

**Tibia Shell Length:**  8"  9"  Other \_\_\_\_\_"

Single Strut KAFO With Heel Cup  
*(Must Complete Additional Form For Brace Extension)*

**Finish and Color**

**Powdercoat Finish (Lightest, Most Durable Finish)**

Black  Royal Blue  Burgundy  
 Antique Pewter *(Silver)*

**High Gloss Paint Finish**

Black  White  Steel Blue  
 Royal Blue  Burnt  Quicksilver  
 Burgundy Beige  Orange  Indy Yellow  
 Emerald Green  Dark Violet

Custom Paint Finish\* — Indicate Custom Paint # \_\_\_\_\_

**Select Hinge Position and Type of Hinges**

Set the terminal extension of the hinges to cast position  
 \_\_\_\_\_ **OR** \_\_\_\_\_  
 Set terminal extension at:  
 0°  5°  10°  15°  Other \_\_\_\_\_°

**Free Knee 5 Bar Hinges (Highest Strength)**

No Flexion Stops  
 Optional Extension Stop Kit *(0, 5, 10, 15, 20 and 30 degrees)\**  
 Set Flexion Stops at:  
 15°  60°  30°  75°  45°  90°

**Note:** Flexion stops are semi-permanent *(can only be removed at factory)*

**Optional Condylar Pads:**

None  Both  Medial  Lateral  
 **Install Extension Assist Bands/Posts\***

**Sleeves\***

18" Cotton  22" Neoprene  
 18" Neoprene  1/16" Comfort Thigh Sleeve  
 Anti-Migration Silicon Strap Pad  
 C/S Wrap *(for compression and enhanced suspension)*

\*Indicates additional charges apply