

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.

Casting Protocol: 18-20 inch length: non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.

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

- Premier Reliever *(dual hinge knee brace)*
- Premier Reliever1 *(single hinge knee brace)*
 ▶ Indicates this option is not offered on Reliever1 model

Compartment

- Unload Medial Unload Lateral
- Dual Loadshifters

Thigh Shell Length

- 7 Inch 8 Inch

Tibia Shell Length

- 7 Inch 8 Inch

Tibia

- C: Anterior Single Band
- D: Posterior Single Band
- E: Double Band*
- Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)



Premier Reliever

(fabricated with TMS+ Hinges and includes an adjustable extension stop kit)

- Optional Flexion Stop Kit*
- Add optional extension assist bands/posts*

Hinge Material Options (dual hinge Premier Reliever only)

- 6061 Aluminum *(required for adjustable correction LOADSHIFTER)*
- Stainless Steel *(brace will be fabricated without LOADSHIFTER)*

Premier Reliever1

(fabricated with an aluminum TM6 Hinge and includes an adjustable extension stop kit).

- Optional Flexion Stop Kit

Finish and Color

Textured Powdercoat Finish

- Black Royal Blue
- Antique Pewter Burgundy

High Gloss Paint Finish

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

- Custom Paint Finish* - Indicate Custom Paint # _____

Options

- Add Combined Instability *(PCL Strap)**
- C/S Package* *(for dynamic compression and enhanced suspension)*
- No wraparound attachment of Synergistic Suspension Strap *(recommended if patient has a prominent fibular head)*
- Anti-Migration Silicon Infused Strap Pads*
- Spooner Patella Stabilizing Attachment*

- Brace Cover*** Posterior Closure Pull On

Sleeves*

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

M-L measurement at knee center _____

Special Instructions: _____

*Indicates additional charges apply