

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference	
<input type="checkbox"/> Ground	
<input type="checkbox"/> Next Day A.M.	
<input type="checkbox"/> Next Day P.M.	
<input type="checkbox"/> 2-Day A.M.	
<input type="checkbox"/> 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.

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Brace Configuration

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 7 Inch 8 Inch

Locking Position *(if not indicated, zero degree lock position will be applied)*

Zero Degree Locking Position

Five Degree Locking Position

Color

Matte Finish

Black *(Standard)* Grey White

Atlantic *(Light Blue)* Red

Satin Finish

Lemon Orange Lime

Fuchsia Pacific *(Dark Blue)*

Accessories

Flexion Stop Kit* *(installed upon request)*

30° 60° 90°

Extension assist bands/posts*

Anti-migration silicon infused strap pads*

Brace Cover* *(Pull-on)* S/M L/XL

Sleeves*

18" Cotton 22" Neoprene

18" Neoprene 1/16" Comfort Thigh Sleeve

C/S Wrap *(for compression and enhanced suspension)*

Sizing

If your patient has proportional leg sizing (see sizing reference, below) or if you are ordering a brace for stock inventory please select from the size options.

X-Small Small Medium Large X-Large

Sizing Reference

	6" above	M-L width	6" below
X-Small	12.5" to 15.5"	3" to 3.5"	11" to 12.5"
Small	15.5" to 18.5"	3.5" to 4"	12.25" to 13.75"
Medium	18.5" to 21"	4" to 4.5"	13.25" to 15"
Large	21" to 23.5"	4.5" to 5"	14.25" to 15.75"
X-Large	23.5" to 25"	5" to 5.5"	15" to 17"

Measurement Data

Required for "custom-fitted" Assembly*

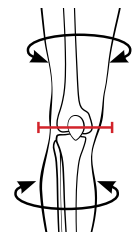
Custom-fitted *(Fabricated from three leg measurements)**

If your patient has a disproportionate leg, Thuasne USA will customize the assembly of your patient's brace. Please provide leg measurements beside the illustration, below.

_____ Circumference 6 inches above mid-patella

_____ **Medial-Lateral Knee Width**
(not circumference) at knee center

_____ Circumference 6 inches below mid-patella



Special Instructions: _____

*Indicates additional charges apply