



THUASNE

Select Reliever

Contact Information

Clinician Fitter/Assistant/Tech Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#:

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

Ground

Next Day AM

Next Day PM

2-Day AM

2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____

Last Name: _____

First Name: _____

The brace you order is determined by the leg, affected knee compartment.

Select Reliever Left Leg Lateral / Right Leg Medial
Part #U0312129900352

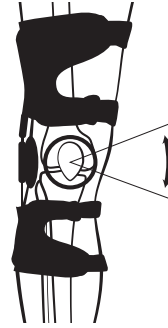
Select Reliever Right leg Lateral/ Left Leg Medial
Part #U0312129900351

Universal - One Size Fits Most (30" Circumference at thigh)

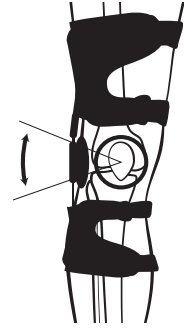
Sleeves*

C/S Wrap (for compression and enhanced suspension)

Reference



Right Medial/ Left Lateral



Right Lateral/ Left Medial

*Indicates additional charges apply

OF-063 REV A

Received Date *Thuasne USA's shipping department use only*

Distributed by Thuasne USA
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