



**THUASNE**

# UniReliever V2

### 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.**

- UniReliever V2 Right Leg Lateral / Left Leg Medial  
Part # U3090129900351
- UniReliever V2 Right Leg Medial / Left Leg Lateral  
Part # U3090129900352

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

#### Sleeves\*

- C/S Wrap (for compression and enhanced suspension)
- Knee Compression Undersleeve 18"  
*Reference thigh circumference in inches*
- XS 14" - 17"     SM 17" - 20"     MD 20" - 23"
- XL 26" - 34"     LG 23" - 24"

\*Indicates additional charges apply

OF-064 REV A

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

**Distributed by Thuasne USA**  
4615 Shepard Street, Bakersfield, CA 93313  
Tele: 800.432.3466 • Fax: 800.798.2722  
[ThuasneUSA.com](http://ThuasneUSA.com)