

Contact Information

Clinician Fitter/Assistant/Tech Other: _____
 Name: _____
 Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

Billing Account#: _____
 Shipping Account#: _____

PO#:

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: _____ Patient ID: _____
 Age _____ Weight _____ (LBS) Height _____ (IN)
 Male Female Leg: Left Right
 Ligament: ACL PCL LCL MCL
 Meniscus Damage: Medial Lateral
 Diagnosis: _____
 Surgeries (type/date): _____

Please Follow Step-By-Step Cast Protocol Instructions

M-L measurement at knee center _____
CASTING PROTOCOL: 18-20 inch length; non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.

Casting Info

Casted position:
 Seated Standing Supine

Weight Bearing Amount
 Full weight Partial weight No weight

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

Knee Brace Options



Thigh Shell Length 7" 8" Other: _____"
Tibia Shell Length 7" 8" Other: _____"
 Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)

Hinge Options

Select Hinge Position and Accessory

Set the terminal extension of the hinges to cast position
 _____ **OR** _____

Set terminal extension at:
 0° 5° 10° 15°
 Other: _____°

5 Bar Free Knee U0014

Free Knee Motion Joints Accessory

Install Extension Assist Bands/Posts
 Extension Stop Kit*
 Flexion Stop (*factory installed only*)
 15° 30° 45° 60° 75° 90°

Brace Color

Textured Powdercoat Finish (Lightest, Most Durable Finish)

Black Royal Blue
 Antique Pewter (Silver) Burgundy

Paint Finish

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

Custom High Gloss Paint Finish*

Provide Custom Paint # _____

Options

Condylar pads: No Medial Lateral Both

Anti-Migration Silicon Infused Strap Pads*

Sleeves*

18" Cotton 22" Neoprene
 18" Neoprene 1/4" Comfort Thigh Sleeve
 C/S Wrap (*for compression and enhanced suspension*)

*Indicates additional charges apply

OF-021 REV. C

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