

### 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: \_\_\_\_\_ 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.*

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

Set the terminal extension of the hinges to cast position

\_\_\_\_\_ **OR** \_\_\_\_\_

Set terminal extension at:  
 0°    5°    10°    15°    Other \_\_\_\_\_°

**5 Bar Free Knee U0028**

### Joints Accessory

Install Extension Assist Bands/Posts\*

Extension Stop Kit\*

Set Flexion Stops at: *(factory installed)*

15°    30°    45°    60°    75°    90°

### Fabric Inlay

<input type="checkbox"/> Black	<input type="checkbox"/> Royal Blue	<input type="checkbox"/> Sheer Teal*
<input type="checkbox"/> Beige	<input type="checkbox"/> Green	<input type="checkbox"/> Sheer Purple*
<input type="checkbox"/> Gray	<input type="checkbox"/> Burgundy	<input type="checkbox"/> US Flag Fabric*
<input type="checkbox"/> Red	<input type="checkbox"/> Clear Graphite	<input type="checkbox"/> Fabric
<input type="checkbox"/> Navy Blue	<input type="checkbox"/> Sheer Red*	<i>1 yard from patient*</i>

### Options

**Condylar pads:**    No    Medial    Lateral    Both

**Anti-Migration Silicon Infused Strap Pads\***

**Straps**    4 Straps    5 Straps

#### Sleeves\*

18" Cotton    22" Neoprene  
 18" Neoprene    1/6" Comfort Thigh Sleeve  
 C/S Wrap *(for compression and enhanced suspension)*

\*Indicates additional charges apply

OF-022 REV. C

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