

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

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.

Model

Reliever U0025 Reliever Air U0025-RA Reliever Air Lite U0025-RAL

Compartment

Unload Medial Dual Loadshifters Unload Lateral

Thigh Shell Length 7" 8" 9"

Tibia Shell Length 7" 8" 9" Other _____"

Single Strut KAFO With Heel Cup*
(Must Complete Additional Form For Brace Extension)

Hinges *Brace is fabricated with LOADSHIFTER (no charge) The LOADSHIFTER can be used to increase correction by shifting the thigh shell angle. ONLY offered with TM5+ Aluminum Hinges.*

Hinge Material

6061 Aluminum *(required for LOADSHIFTER)*
 Stainless Steel* *(brace will be fabricated without LOADSHIFTER)*

Accessory

Flexion stop kit*
 Add extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster *(Air Townsend only)*

Standard Minimal Soft No Bolster

Special Trim Lines *(Air Townsend only)*

Full Figure: *(Reliever Air Only)*: Helps contain soft tissue
 Customized Shell Design *(include instructions/drawing)*

Synergistic Suspension Strap Attachment

Standard attachment *(Lateral end recessed inside tibia shell)*
 Lateral end attached to outer shell *(for prominent fibular head)*
 Double Rivet Suspension Strap

Fabric Inlay

Black Royal Blue Sheer Teal*
 Beige Green Sheer Purple*
 Gray Burgundy US Flag Fabric*
 Red Clear Graphite Fabric
 Navy Blue Sheer Red* *1 yard from patient**

Options

Anti-Migration Silicon Infused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover* Pull On

Sleeves*

18" Cotton 22" Neoprene
 18" Neoprene 1/2" Comfort Thigh Sleeve
 C/S Wrap *(for compression and enhanced suspension)*

Special Instructions: _____

*Indicates additional charges apply

OF-023 REV C

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