

Premier Series

Osteoarthritis Bracing Solutions

Contact Information ☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: Name:	Ordering Clinician CPO CO CP Other: Name:
Email: Phone:	Email: Phone:
Billing & Shipping Billing Account#: Shipping Account#: Shipping Preference	Shipping Address: City: State: Zip: AM □ Next Day PM □ 2-Day AM □ 2-Day PM
	be shipped 2 Day PM) Note: We do not ship products directly to patients.
Patient Information Fit Date:	Hinge Material Options (dual hinge Premier Reliever only) 6061 Aluminum (required for adjustable correction LOADSHIFTER) Stainless Steel (brace will be fabricated without LOADSHIFTER) Premier Reliever1 (fabricated with an aluminum TM6 Hinge and includes an adjustable extension stop kit).
Meniscus Damage: ☐ Medial ☐ Lateral	☐ Optional Flexion Stop Kit Brace Color (Select one)
Surgeries (type/date):	Textured Powdercoat Finish (Lightest, Most Durable Finish)
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 Premier Reliever U0011 (dual hinge knee brace) Premier Reliever1 U0012 (single hinge knee brace) Compartment Unload Medial Unload Lateral Dual Loadshifters Thigh Shell Length 7" 8" Tibia 8" Tibia 9 Posterior Single Band 9 Posterior Single Band 9 Double Band* TD010 (anterior only and not avaliable Reliever1) Single Strut KAFO With Heel Cup* (Must Complete Additional Form For Brace Extension) Premier Reliever (fabricated with TM5+ Hinges and includes an adjustable extension stop kit) Flexion Stop Kit* Add extension assist bands/posts*	□ 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 (not avaliable for Releiver1) □ Add Combined Instability (PCL Strap)* □ C/S Package* (for dynamic compression and enhanced suspension) □ No wraparound attachment of Synergistic Suspension Strap (recommended if patient has a prominent fibular head) □ Anti-Migration Silicon Infused Strap Pads* □ Spooner Patella Stabilizing Attachment* Brace Cover* □ Pull On Sleeves* □ 18" Cotton □ 22" Neoprene □ 18" Neoprene □ ½6" Comfort Thigh Sleeve □ C/S Wrap (for compression and enhanced suspension) Special Instructions: □ Special Instructions: □ Special Instructions: □ Special Instructions: □ Dark Violet □