

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

ACL U0010 Combined Instabilities (PCL)*
 PCL Strap* PCL Rigid Band* TD010

Thigh Shell Length 7" 8"

Tibia Shell Length 6" 7" 8"

Tibia

① Anterior Single Band
 ② Posterior Single Band
 ③ Double Band* TD010 (anterior only)
 Single Strut KAFO With Heel Cup*
(Must Complete Additional Form For Brace Extension)



Hinges

TM5+ Hinges – Includes extension stop kit
 Flexion stop kit*
 Add extension assist bands/posts*

Hinge Material

6061 Aluminum Stainless Steel*
(standard, if no hinge material is indicated)

Finish and 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

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 1/4" Comfort Thigh Sleeve
 C/S Wrap (for compression and enhanced suspension)

Special Instructions:

*Indicates additional charges apply

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