

# EXO GUARD Custom Knee Orthosis

## Ligament Brace Solutions

### 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): \_\_\_\_\_

### Brace Model

- Standard Layout (U0094) – 6061 Aluminum Joint (Aircraft grade)
- Heavy Duty Layout (U0094) – Stainless Steel Joint

### Brace Options

#### Hinges\*

- Flexion Stop Kit

#### Undersleeves\*

- 18" Cotton    18" Neoprene    22" Neoprene

#### Brace Cover\*

- Pull On

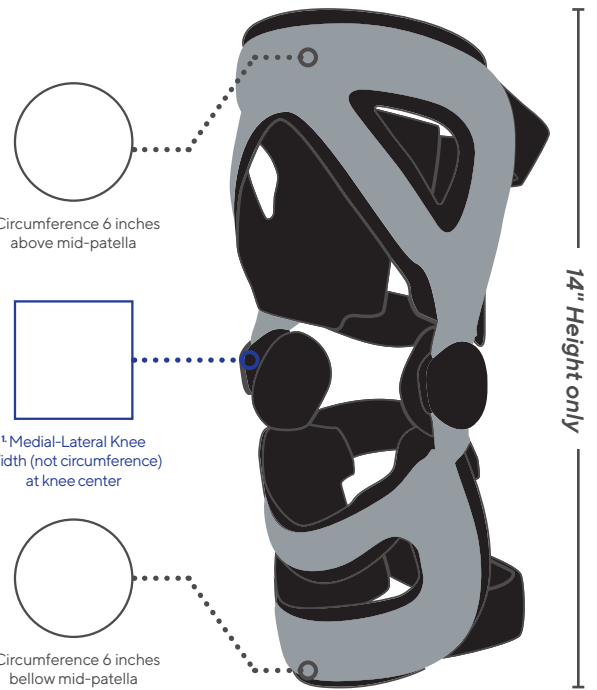
#### Thigh Sleeves\*

- ½ Atrophy Thigh Sleeve    ¼ Comfort Thigh Sleeve

### Accessories

- X-treme Guard (Patella Protector)\*

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**Only available in full anterior frame**

1. These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).

\*Indicates additional charges apply

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