

### 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**

### Model

**Web Brace U0020-W**

*Only offered with aluminum TM5+ hinges in 17" length, with clear graphite shells. Includes EVS patella guard and additional pad set without the patella guard. No additional options need to be marked except sleeve options.*

**Motocross Air U0020-MA**

*Includes EVS patella guard and additional pad set without the patella guard*

Thigh Shell Length    7"    8"    9"

Tibia Shell Length    7"    8"    9"    Other \_\_\_\_\_"

### Hinges

**TM5+ Hinges** - Includes extension stop kit

Flexion stop kit\*

### Hinge Material

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

Stainless Steel\*

### 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

#### Brace Cover\*

Pull On

#### Sleeves\*

<input type="checkbox"/> 18" Cotton	<input type="checkbox"/> 22" Neoprene
<input type="checkbox"/> 18" Neoprene	<input type="checkbox"/> 1/6" Comfort Thigh Sleeve
<input type="checkbox"/> C/S Wrap (for compression and enhanced suspension)	

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Indicates additional charges apply

OF-043 REV C

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