

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's Last Name: _____

Patient's First Name: _____

For all Knee supports, please reference the catalog or website for specific sizing and description of each of the products listed on the order form.

Replacement of the product or compromised components will be provided for material defects, fabrication errors or unnatural wear to the hinges, straps or sleeve within the first six months

Genu Ligaflex Short Open 12"

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

Genu Ligaflex Short Closed 12"

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

Genu Ligaflex ROM Long Open 16"

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

Patella Reliever

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

GenuPro Activ

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____
<input type="checkbox"/> 6+	_____

Sleeves

Item	Quantity
18" Cotton	_____
18" Neoprene	_____
1/2" Comfort Thigh Sleeve	_____
C/S Wrap for compression and enhanced suspension	_____

Genuxtrem

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

Genu Dynastab

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

Ligastrap Genu

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____

Silistab Genu Closed

Size	Quantity
<input type="checkbox"/> 1	_____
<input type="checkbox"/> 2	_____
<input type="checkbox"/> 3	_____
<input type="checkbox"/> 4	_____
<input type="checkbox"/> 5	_____
<input type="checkbox"/> 6	_____