

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

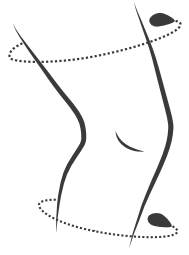
Billing Address: _____ Shipping Address: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

City: _____ City: _____
 State _____ Zip _____ State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Quantity		Size	Calf Circumference 4 ¾" Below Mid Patella	Thigh Circumference 5 ½" Above Mid Patella	
Medial OA Left Leg Lateral OA Right Leg	Medial OA Right Leg Lateral OA Left Leg				
_____	_____	1	11 – 12 ¼"	15 – 16 ¼"	<i>If calf and thigh size do not match, we recommend you choose the larger size</i>
_____	_____	2	12 ¼ – 13 ¾"	16 ¼ – 17 ¾"	
_____	_____	3	13 ¾ – 15"	17 ¾ – 19"	
_____	_____	4	15 – 16 ½"	19 – 20 ½"	
_____	_____	5	16 ½ – 17 ½"	20 – 21 ½"	
_____	_____	6	17 ½ – 18 ½"	21 – 22 ½"	
_____	_____	7	18 ½ – 20"	22 – 24"	
_____	_____	8	20 – 21 ¼"	24 – 26 ½"	

The brace you order is determined by the leg, affected knee compartment, and size.

The Action Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**