

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Shipping Preference	Billing Address: _____	Shipping Address: _____
<input type="checkbox"/> Ground	_____	_____
<input type="checkbox"/> Next Day A.M.	City: _____	City: _____
<input type="checkbox"/> Next Day P.M.	State: _____	State: _____
<input type="checkbox"/> 2-Day A.M.	Zip _____	Zip _____
<input type="checkbox"/> 2-Day P.M.		

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

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

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

The Active 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.**

- Left Leg Medial OA / Right Leg Lateral OA
- Right Leg Medial OA / Left Leg Lateral OA

Size

- XS SM MD LG XL 2XL 3XL

Optional

- Flexion Stop Kit

Size	6" Above Mid-Patella	6" Below Mid-Patella
XS	13" – 15"	10" – 12"
SM	15" – 18"	12" – 14"
MD	18" – 21"	14" – 16"
LG	21" – 23"	16" – 18"
XL	23" – 26"	18" – 20"
2XL	26" – 29"	20" – 22"
3XL	29" – 32"	22" – 24"