

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

M-L measurement at knee center _____

Casting Protocol: 18-20 inch length; non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.

Model

☐ ACL U0010 ☐ Combined Instabilities (PCL)*
☐ PCL Strap* ☐ PCL Rigid Band* TD010

Thigh Shell Length ☐ 7" ☐ 8"

Tibia Shell Length ☐ 6" ☐ 7" ☐ 8"

Tibia

- ☐ ① Anterior Single Band
☐ ② Posterior Single Band
☐ ③ Double Band* TD010 (anterior only)
☐ Single Strut KAFO With Heel Cup*
 (Must Complete Additional Form For Brace Extension)



Hinges

- ☐ TM5+ Hinges – Includes extension stop kit
☐ Flexion stop kit*
☐ Add extension assist bands/posts*

Hinge Material

☐ 6061 Aluminum ☐ Stainless Steel*
 (standard, if no hinge material is indicated)

Finish and Color

Textured Powdercoat Finish (Lightest, Most Durable Finish)

- ☐ Black ☐ Royal Blue
☐ Antique Pewter (Silver) ☐ Burgundy

Paint Finish

- ☐ High Gloss ☐ Beige ☐ Dark Violet
☐ Black ☐ Emerald Green ☐ Steel Blue
☐ Royal Blue ☐ White ☐ Indy Yellow
☐ Burgundy ☐ Burnt Orange ☐ Quicksilver

Custom High Gloss Paint Finish*

☐ Provide Custom Paint # _____

Options

- ☐ C/S Package* (for dynamic compression and enhanced suspension)
☐ No wraparound attachment of Synergistic Suspension Strap
 (recommended if patient has a prominent fibular head)
☐ Anti-Migration Silicon Infused Strap Pads*
☐ Spooner Patella Stabilizing Attachment*

Brace Cover*

☐ Pull On

Sleeves*

- ☐ 18" Cotton ☐ 22" Neoprene
☐ 18" Neoprene ☐ 1/2" Comfort Thigh Sleeve
☐ C/S Wrap (for compression and enhanced suspension)

Special Instructions: _____

