

# EXOGUARD Custom Knee Orthosis

## Ligament Brace Solutions

### 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): \_\_\_\_\_

### Brace Model

- ☐ Standard Layout (U0094) – 6061 Aluminum Joint (Aircraft grade)
- ☐ Heavy Duty Layout (U0094) – Stainless Steel Joint

### Brace Options

#### Hinges\*

- ☐ Flexion Stop Kit

#### Undersleeves\*

- ☐ 18" Cotton ☐ 18" Neoprene ☐ 22" Neoprene

#### Brace Cover\*

- ☐ Pull On

#### Thigh Sleeves\*

- ☐ ½ Atrophy Thigh Sleeve ☐ ¼ Comfort Thigh Sleeve

### Accessories

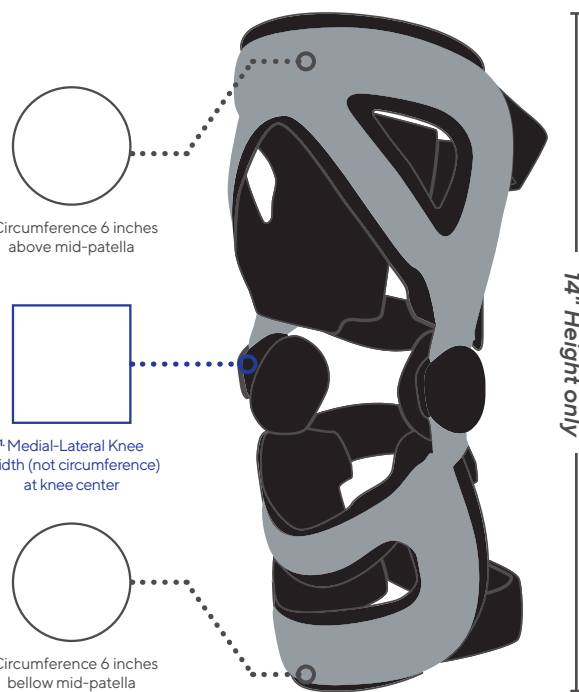
- ☐ X-treme Guard (Patella Protector)\*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Only available in full anterior frame

1. These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).