

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
 Diagnosis: _____
 Surgeries (type/date): _____

Brace Configuration

Thigh Shell Length 7" 8"
 Tibia Shell Length 7" 8"

Locking Position *(if not indicated, zero degree lock position will be applied)*

0° Locking Position 5° Locking Position

Size

XS SM MD LG XL

Sizing	6" above	M-L width	6" below
XS	12½" – 1½"	3" – 3½"	11" – 12½"
SM	15½" – 18½"	3½" – 4"	12¼" – 13¾"
MD	18½" – 21"	4" – 4½"	13¾" – 15"
LG	21" – 23½"	4½" – 5"	14¼" – 15¾"
XL	23½" – 25"	5" – 5½"	15" – 17"

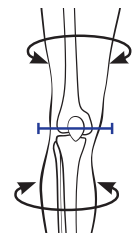
Accessories

Add Extension Assist Bands/Posts*
Flexion Stop Kit *(installed upon request)*
 30° 60° 90°
 Anti-Migration Silicon Infused Strap Pads*
Undersleeves*
 18" Cotton 18" Neoprene

Measurement Data

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

_____ Circumference 6 inches above mid-patella
 _____ Medial-Lateral Knee Width (not circumference) at knee center
 _____ Circumference 6 inches below mid-patella



Special Instructions: _____

*Indicates additional charges apply

OF-03 REV. C

Received Date *Thuasne USA's shipping department use only*