

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

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in virtue of any national law governing the fitting and adjustment of orthopedic medical devices

Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device

Fit Date: _____ Patient ID: _____

Age _____ Male Female
 Weight _____ Lbs. Kg. Height _____ in. cm.

Leg: Left Right

Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

Brace/KAFO Crutch Wheel Chair
 Cane Walker

Shoe Size: _____

- Appropriately scaled tracing of shoe insole provided with order form
- Not sending shoe or tracing (toe segment will be made longer and wider, requiring trimming during fitting)

PLEASE PROVIDE MEASUREMENTS

Shoe Height Measurement (Shoe sole thickness at heel and forefoot)

Heel _____ in. cm.

Forefoot _____ in. cm.

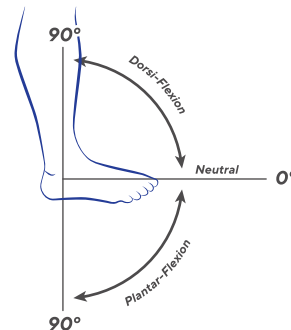


Cast Info

Cast Adjustments Required (coronal and sagittal plane)

Range Of Motion

- a. Hip ROM: _____° extension to _____° flexion
- b. Knee ROM: _____° extension to _____° flexion
- c. Ankle ROM, with knee extended
 Dorsi-Flexion _____°
 Plantar-Flexion _____°
- d. Plantarflexion contracture
 Yes _____° No
- e. Knee flexion contracture
 Yes _____° No



Activity Level (Check one)

- Limited ambulator: sits to stands and transfers
- Household ambulator: level surfaces with walking aids
- Limited community ambulator: level surfaces with walking aids
- Active community ambulator: mild inclines and declines with or without walking aids
- Independent ambulator: varied cadence, uneven surfaces and no walking aids
- Active ambulator: walking, running, some athletic activity

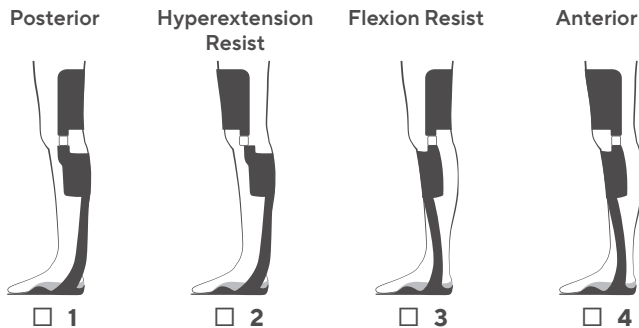
Biomechanical objectives

- Resist Knee Hyperextension in Stance
- Resist Knee Flexion in Stance
- Knee Valgus Control
- Knee Varus Control
- Posterior/Anterior Knee Drawer Control
- Control Dorsiflexion Weakness
- Control Plantar Flexion weakness
- Control Ankle Valgus Instability
- Control Ankle Varus Instability

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

Brace Configuration

Shell Configuration



Coronal Plane Extension

- Valgus Resist Varus Resist

Molded Inner Boot



- Leave inner boot unattached

Strap Options

- Include ankle strap
 Leave ankle strap unattached

Knee Joint Options



- Single Pivot Locking **37700-L**
(Twist Release with free motion)
 Single Pivot Locking **37700-L**
(Manual Triggers)



- 5-bar Free **37700**
 5 bar Locking **37700-L**
(Twist Release with Free motion)
 5 Bar Locking **37700-L**
(Manual Triggers)

Twist Lock Position

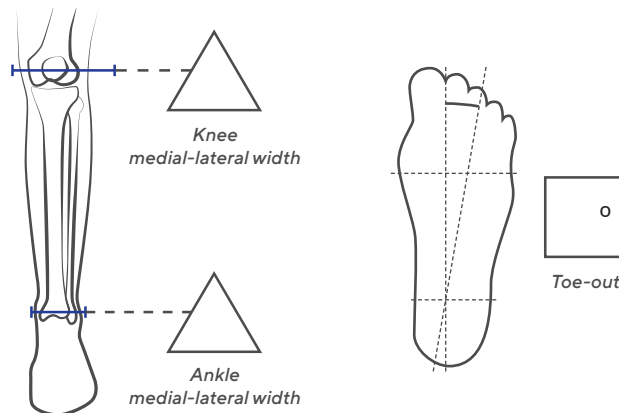
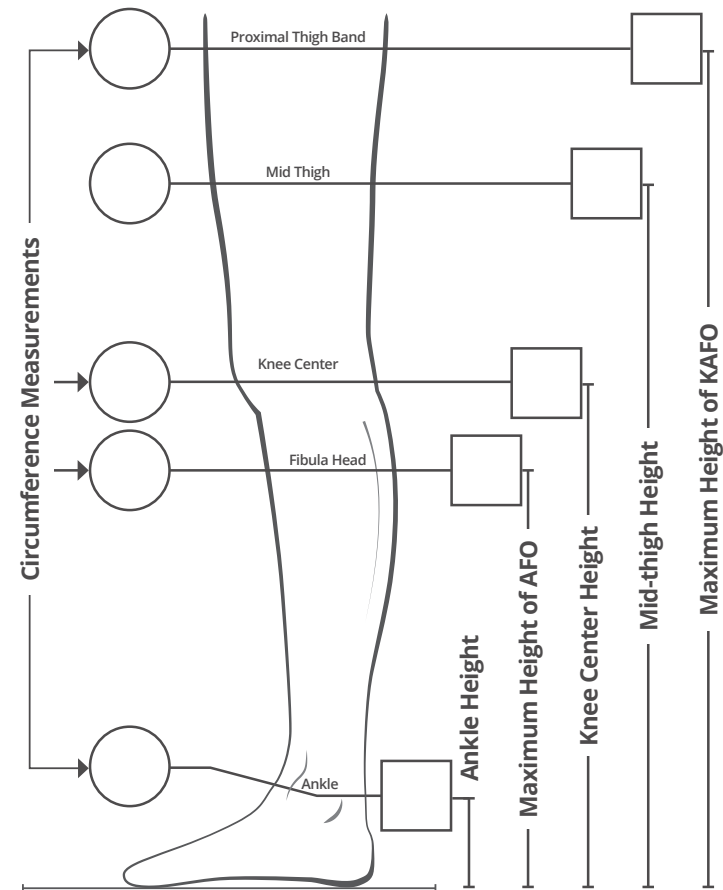
- Lateral (Default) Anterior Other _____

Extension Assist

- Install Extension Assist Bands/Posts

Measurements

Measurements below are in: in. cm.



Suggested L-Codes*

L2036	KAFO Base Code
L2387	Polycentric hinges (5 Bar Hinge)
L2390	Posterior offset hinges (Single Pivot Hinge)
L2415	Built in release mechanism (if locking joints are used)
L2810	Condyle pads

Suggested L-Codes*

L2820	Below knee padding
L2830	Above knee padding
L2280	Molded inner boot
L2755	Carbon graphite construction
L2275	Varus or valgus correction

* Thuasne USA's suggested uses of Medicare billing codes are developed based on nationally accepted industry standards and billing practices, they do not ensure a specific device will be reimbursed. It is the responsibility of the provider to abide by lawful Medicare billing practices and Thuasne USA is not liable for the denial of reimbursements when it comes to the use of suggested billing codes