



SpryStep[®] OA Knee

U33601

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 _____ Male Female
 Weight _____ Lbs. Kg. Height _____ in. cm.
 Leg: Left Right
 Diagnosis: (ex: Ligament laxity, ROM limitations, etc.)

Compartment: Unload Medial Unload Lateral

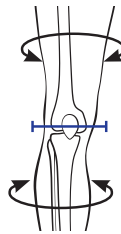
Measurement Data

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

_____ Proximal circumference
 7 in / 175mm above mid-patella

_____ Medial-Lateral Knee Width
 (not circumference) at knee center

_____ Distal circumference
 7 in / 175mm below mid-patella



BK Brace

Tibia Straps No straps 1 strap 2 straps

Brace Rigidity/ Stiffness

For larger and heavier framed patients- increased rigidity / stiffness is recommended

Level 1 (default) Level 2 (medium) Level 3 (high)

Femoral shell length

7 in 175mm (default) -1 in 150mm
(Loadshifter not available for this length) +1 in 200mm

Femoral shell configuration

Anterior Posterior

Tibial shell length

7 in 175mm (default) -1 in 150mm +1 in 200mm

**Custom length requests require pre-fabrication consultation, additional charges will be applied.*

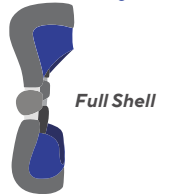
Tibial shell configuration

Anterior Posterior

Options

Please select only one of the following selections

- Full Shell*
- C/S Package (not available with FullShell)
- Combined Instability Strap(PCL)
not available with Full Shell



Accessories

- Spooner Patella Stabilizing Attachment*
- Brace cover (pull-on style)*
- Cotton Undersleeve 18 in (46cm)*
- Neoprene Undersleeve 18 in (46cm)*
- CS wrap*
- Anti-migration silicon infused strap pads*

Comments: _____

*Indicates additional charges apply

OF-067 REV. C

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

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.

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ThuasneUSA.com