

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#: _____

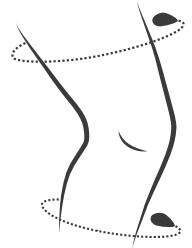
Shipping Address: _____
 City: _____ State: _____ Zip: _____

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.

Quantity		Size	Calf Circumference 4 ¾" Below Mid Patella	Thigh Circumference 5 ½" Above Mid Patella
Medial OA Left Leg Lateral OA Right Leg	Medial OA Right Leg Lateral OA Left Leg			
_____	_____	1	11 – 12 ¼"	15 – 16 ¼"
_____	_____	2	12 ¼ – 13 ¾"	16 ¼ – 17 ¾"
_____	_____	3	13 ¾ – 15"	17 ¾ – 19"
_____	_____	4	15 – 16 ½"	19 – 20 ½"
_____	_____	5	16 ½ – 17 ½"	20 – 21 ½"
_____	_____	6	17 ½ – 18 ½"	21 – 22 ½"
_____	_____	7	18 ½ – 20"	22 – 24"
_____	_____	8	20 – 21 ¼"	24 – 26 ½"



If calf and thigh size do not match, we recommend you choose the larger size

The brace you order is determined by the leg, affected knee compartment, and size.

The Action Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**

*Indicates additional charges apply

OF-036 REV. C

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