

Biflex Self Adjust / Lower Extremity

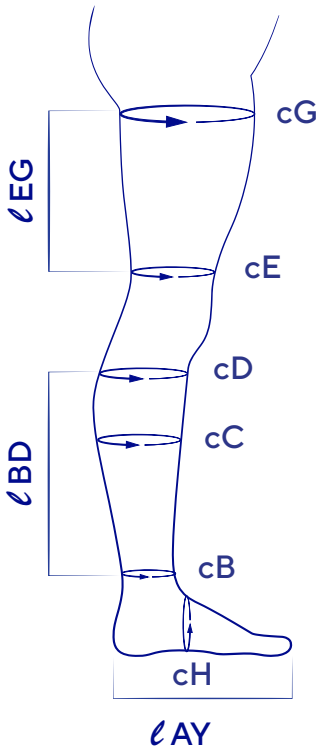


Order
 Quotation
 Renewal
 Date: ____ / ____ / ____

Patient Name: _____
 Medical Professional Name: _____
 Fitter Name: _____
 Case No. for renewal: _____
 1st Treatment

Phone: _____ Email: _____

Foot



Size	cB (in cm)	cH (in cm)	lAY (in cm)	Item Number
1	< 36	19-24	23-29	<input type="checkbox"/> 18100120100299
2	< 36	24-29	23-29	<input type="checkbox"/> 18100120200299
3	< 41	29-34	23-29	<input type="checkbox"/> 18100120300299
HCPCS: A6587				Qty _____

Knee

Size	cE (in cm)	cD (in cm)	Item Number
1	35-50	23-35	<input type="checkbox"/> 18200120100299
2	50-65	35-45	<input type="checkbox"/> 18200120200299
3	65-85	45-55	<input type="checkbox"/> 18200120300299
HCPCS: A6584			Qty _____

Calf R = Regular T = Tall

Size	cB (in cm)	cC (in cm)	cD (in cm)	lBD (in cm)	Item Number
1	16-24	24-35	25-36	< 36 (R)	<input type="checkbox"/> 18300120100201 (R)
				> 36 (T)	<input type="checkbox"/> 18300120100202 (T)
2	20-28	32-43	32-43	< 36 (R)	<input type="checkbox"/> 18300120200201 (R)
				> 36 (T)	<input type="checkbox"/> 18300120200202 (T)
3	24-32	40-51	39-50	< 36 (R)	<input type="checkbox"/> 18300120300201 (R)
				> 36 (T)	<input type="checkbox"/> 18300120300202 (T)
4	28-36	48-59	46-57	< 36 (R)	<input type="checkbox"/> 18300120400201 (R)
				> 36 (T)	<input type="checkbox"/> 18300120400202 (T)
HCPCS: A6583					Qty _____

Thigh R = Regular T = Tall

Size	cE (in cm)	cG (in cm)	lEG (in cm)	Item Number
1	34-45	46-57	< 36 (R)	<input type="checkbox"/> 18250120100201 (R)
			> 36 (T)	<input type="checkbox"/> 18250120100202 (T)
2	41-53	53-65	< 36 (R)	<input type="checkbox"/> 18250120200201 (R)
			> 36 (T)	<input type="checkbox"/> 18250120200202 (T)
3	49-60	61-72	< 36 (R)	<input type="checkbox"/> 18250120300201 (R)
			> 36 (T)	<input type="checkbox"/> 18250120300202 (T)
4	56-68	68-80	< 36 (R)	<input type="checkbox"/> 18250120400201 (R)
			> 36 (T)	<input type="checkbox"/> 18250120400202 (T)
HCPCS: A6585				Qty _____

Circumference

- cG: Thigh (at the widest point)
- cE: Above the knee
- cD: Below knee (on the head of the fibula)
- cC: Calf (at the widest point)
- cB: Ankle (at the narrowest point)
- cH: Instep

Length

- lAY: Heel to end of foot
- lBD: Ankle to knee height (ankle to just below bend of knee)
- lEG: Above knee to thigh height (just above knee to gluteal fold)

cB _____ (cm) lAY _____ (cm)
 cC _____ (cm) lBD _____ (cm)
 cD _____ (cm) lEG _____ (cm)
 cE _____ (cm)
 cG _____ (cm)
 cH _____ (cm)

BiFlex Protective Liner - Below Knee
 Item: 18150120100299 HCPCS: A6593

Comments _____

