

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female **Age** _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Model

ACL
 Combined Instabilities **(PCL)***
 Option: PCL Strap* PCL Rigid Band*

Thigh Shell Length

7 Inch 8 Inch

Tibia Shell Length

6 Inch 7 Inch 8 Inch

Tibia

C: Anterior Single Band
 D: Posterior Single Band
 E: Double Band*
 Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)



Hinges

TM5+ Hinges — Includes extension stop kit
 Optional flexion stop kit*
 Add optional extension assist bands/posts*

Hinge Material

6061 Aluminum *(standard, if no hinge material is indicated)*
 Stainless Steel*

Finish and Color

Textured Powdercoat Finish

Black Royal Blue
 Antique Pewter Burgundy

High Gloss Paint Finish

Black Emerald Green Burgundy
 Royal Blue Steel Blue White
 Burnt Orange Quicksilver Beige
 Dark Violet Indy Yellow

Custom Paint Finish* – Indicate Custom Paint # _____

Options

C/S Package* *(for dynamic compression and enhanced suspension)*
 No wraparound attachment of Synergistic Suspension Strap *(recommended if patient has a prominent fibular head)*
 Anti-Migration Silicon Infused Strap Pads*
 Spoooner Patella Stabilizing Attachment*

Brace Cover* Posterior Closure Pull On

Sleeves*

18" Cotton 22" Neoprene
 18" Neoprene 1/16" Comfort Thigh Sleeve
 C/S Wrap *(for compression and enhanced suspension)*

M-L measurement at knee center _____

Special Instructions: _____

*Indicates additional charges apply