THUASNE

SpryStep® Neuro Knee

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.)*

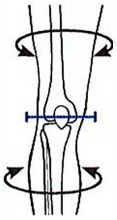
Measurement Data

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



Brace Configuration

NB by default: riveted anchor tabs + d-rings + 1/4" padding + condylar pads + 2 additional thicker condylar pads + synergistic suspension strap

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)*

☐ Optional Extension assist bands/posts*

Brace Rigidity/ Stiffness

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

☐ Level 1 *(default)* ☐ Level 2 *(medium)* ☐ Level 3 *(high)*
recommended for Impact Sports

Femoral shell length

☐ 7 in *(default)* *175mm* ☐ -1 in *150mm* ☐ +1 in *200mm* ☐ +2 in *225 mm*

☐ Other _____

Femoral shell configuration

☐ Anterior  ☐ Posterior 

Tibial shell length

☐ 7 in *(default)* *175mm* ☐ -1 in *150mm* ☐ +1 in *200mm* ☐ +2 in *225mm*

☐ Other _____

Tibial shell configuration

☐ Anterior  ☐ Posterior 

Options

☐ Full Shell*
☐ C/S Package (not available with FullShell)

Full Shell

Accessories

☐ Spooner Patella Stabilizing Attachment*
☐ Brace cover (pull-on style)*
☐ Cotton Undersleeve 18 in *(46cm)**
☐ Neoprene Undersleeve 18 in *(46cm)**
☐ Neoprene Undersleeve 22 in *(56cm)**
☐ CS wrap*

*Indicates additional charges apply

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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.

Distributed by Thuasne USA
4615 Shepard Street, Bakersfield, CA 93313
Tele: 800.432.3466 · Fax. 800.798.2722
ThuasneUSA.com