



THUASNE

SpryStep® OA Knee

Please complete all fields to avoid potential delays in processing your order.

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

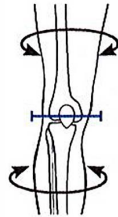
Measurement Data

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



Brace Configuration

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

Hinge (Extension stop kit included with hinges)

- TM5 Aluminum
- TM5 Aluminum without Loadshifter, Correction built into the frame: _____° Varus Valgus
- TM5 Stainless without Loadshifter, Correction built into the frame: _____° Varus Valgus

Optional Hinge Accessories

- Flexion stop kit*
- 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 225mm

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)
- Combined Instability Strap (PCL)

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*



Full Shell

*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**
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