

General Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age ____ Height ____ Weight ____

Work/Activities: Activities of Daily Living

Non-Contact Sports Contact Sports

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Prescribing Physician: _____

If there is a question about this order, who should we contact?

Name: _____ Phone: _____

Email: _____

BILLING: P.O. Number _____

Townsend Account Number: _____

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Attention: _____

Fit Date: If known, please indicate the date you are scheduled to fit the patient: _____

Shipping Preference:

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

Next Day P.M. Next Day A.M.

(If no preference is indicated, this brace will be shipped 2 Day P.M.)

Note: We do not ship new or repaired braces directly to patients.

Full Shell Reliever Series

OA Unloading Knee Braces

Casts: 18-20 inch length; full extension; non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.

*Indicates additional charges apply

Compartment Unload Medial Compartment
 Unload Lateral Compartment

Check Box Below To Select Model



Thigh Shell

7 Inch 8 Inch 9 Inch

Tibia Shell

7 Inch 8 Inch 9 Inch Other: _____

Single Strut KAFO With Heel Cup (Must Complete Additional Form For Brace Extension)

Brace is fabricated WITH LOADSHIFTER (no charge)

The LOADSHIFTER can be used to increase correction by shifting the thigh shell angle. ONLY offered with TM5+ Aluminum Hinges.

TM5+ Hinges -- Includes extension stop kit

Optional flexion stop kit*

Hinge Material

6061 Aluminum (required for LOADSHIFTER)

Stainless Steel* (brace will be fabricated without LOADSHIFTER)

Titanium* (brace will be fabricated without LOADSHIFTER)

Add optional extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster (Reliever Air & Reliever only)

Standard Minimal Soft No Bolster

Special Trim Lines

Full Figure (Reliever Air Only): Helps contain soft tissue

Customized Shell Design (include instructions/drawing)

Color/Fabric Inlay

Black Beige Gray Red Navy Blue

Royal Blue Green Burgundy

Clear Graphite Sheer Red*

Sheer Teal* Sheer Purple*

Fabric -1 yard from patient* U.S.A. Flag Fabric*

Synergistic Suspension Strap Attachment

Standard attachment: Lateral end recessed inside tibia shell

Lateral end attached to outer shell
(recommended for prominent fibular head)

Brace Cover*

Posterior Closure Style Pull On Style

Color: Black Blue

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve

Special Instructions: _____

Berretta Medical Inc.

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