

General Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age ____ Height ____ Weight ____

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.

Premier Ligament 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**

Model ACL
 Combined Instabilities (choose strap or band)
 PCL Strap* PCL Rigid Band*

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 6 Inch 7 Inch 8 Inch

Thigh

A: Standard



Tibia

C: Anterior Single Band

D: Posterior Single Band

E: Double Band* (7" or 8")

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



TM5+ Hinges -- Includes extension stop kit

Optional Flexion Stop Kit*

Add optional extension assist bands/posts*

TM5+ Hinge Material

6061 Aluminum Stainless Steel* Titanium*

Finish and Color

Powdercoat Finish

Black Antique Pewter

Royal Blue Burgundy

High Gloss Paint Finish

Black Royal Blue Burnt Orange

Dark Violet Emerald Green Steel Blue

Quicksilver Indy Yellow Burgundy

White Beige

Custom Paint Finish* -- Indicate Custom Paint # _____

Options

C/S Package*

Compliance/Suspension semi rigid padded inserts added to thigh shell to increase dynamic compression and enhance suspension.

No wraparound attachment of Synergistic Suspension Strap (recommended if patient has a prominent fibular head)

Accessories

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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