

## General Information

Ordered by : \_\_\_\_\_

Phone: \_\_\_\_\_

Patient's Name: \_\_\_\_\_

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 order will be shipped 2 Day P.M.)

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

## Sizing Reference

**Small**  
7" above: 15.5" to 18.5"      7" below: 12.25" to 13.75"

**Medium**  
7" above: 18.5" to 21"      7" below: 13.25" to 15"

**Large**  
7" above: 21" to 23.5"      7" below: 14.25" to 15.75"

**X-Large**  
7" above: 23.5" to 25"      7" below: 15" to 17"

## Ordering Instructions

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 7:00 a.m. and 4:00 p.m. (PST).

## BOLD Ligament Knee Brace

\*Indicates additional charges apply

### Leg

Right  Left

**TM5+ Hinges** (includes extension stop kit)

Optional Flexion Stop Kit\*

### Size

Small  Medium  Large  X-Large

### Options

Spooner Patella Stabilizing Attachment\*

### Brace Cover\*

Posterior Closure Style  Pull On Style

Color:  Black  Blue

### Undersleeves\*

18" Cotton  18" Neoprene  22" Neoprene

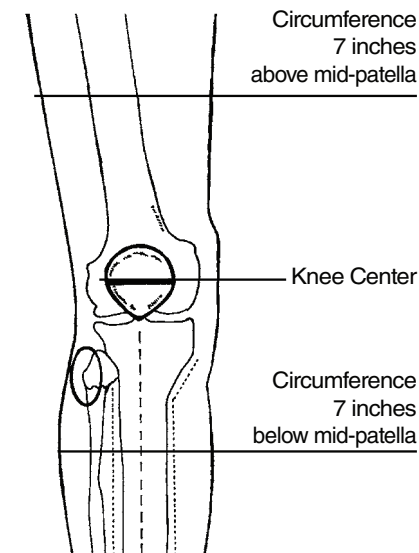
### Thigh Sleeves\*

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

### Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use this diagram to indicate circumferential measurements 7" above and below knee center. If the patient's measurements fall outside the parameters of the sizing reference chart above, we recommend you consider the Rebel Series brace line for your patient.



  
**BMMI**  
BERRETTA MEDICAL INC.