

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*

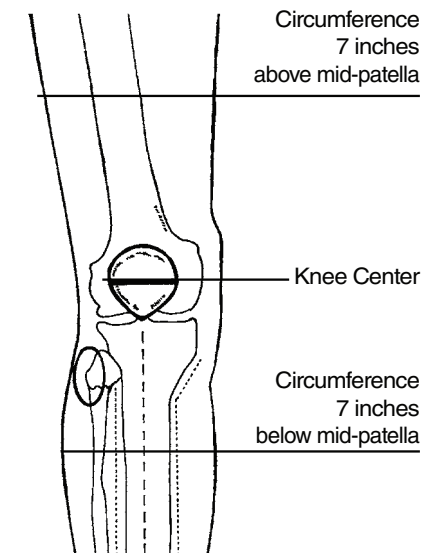
18" Cotton 18" Neoprene 22" Neoprene

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.




BMI
BERRETTA MEDICAL INC.