

Ordered by: \_\_\_\_\_  
 BILLING: P.O. Number \_\_\_\_\_  
 Bill To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone # ( \_\_\_\_\_ ) \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Ship To: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Preference:  Ground  Express

**Received Date**

Thuasne USA's shipping department use only

**Custom Dynamic Reliever**

Note: Dynamic Reliever is a brace for Medial OA only.

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

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

Male  Female Age \_\_\_\_\_

Weight \_\_\_\_\_ (LBS) Height \_\_\_\_\_ (IN)

Leg:  Left  Right

**Methodology of Delivery for Patient Model**

- Composite cast void
- Digital Scan

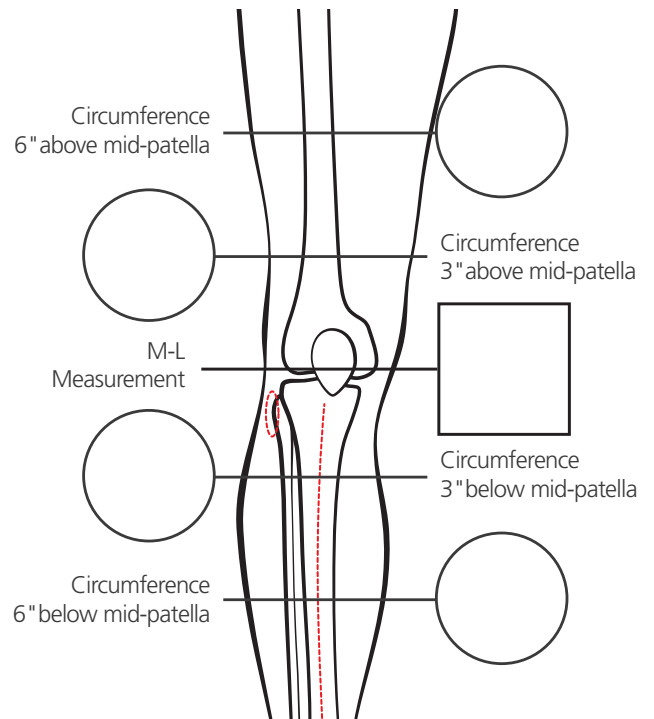
**Work/Activities**

- Activities of Daily Living
- Non-Contact Sports
- Contact Sports

**Options**

- Flexion Stop Kit\*
- 18 inch Cotton Undersleeve\*
- 18 inch Neoprene Undersleeve\*

Special Instructions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



\*Indicates additional charges apply