

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

Province: _____ Postal Code: _____ Dfcj ince: _____ Postal Code: _____

Shipping Preference

Ground

Express

Received Date

Thuasne USA's shipping department use only

Patient Information

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female **Age** _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Ligament:

ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Brace Model

Standard Layout – 6061 Aluminum Joint (Aircraft grade)

Heavy Duty Layout – Stainless Steel Joint

Brace Options

Hinges* Flexion Stop Kit

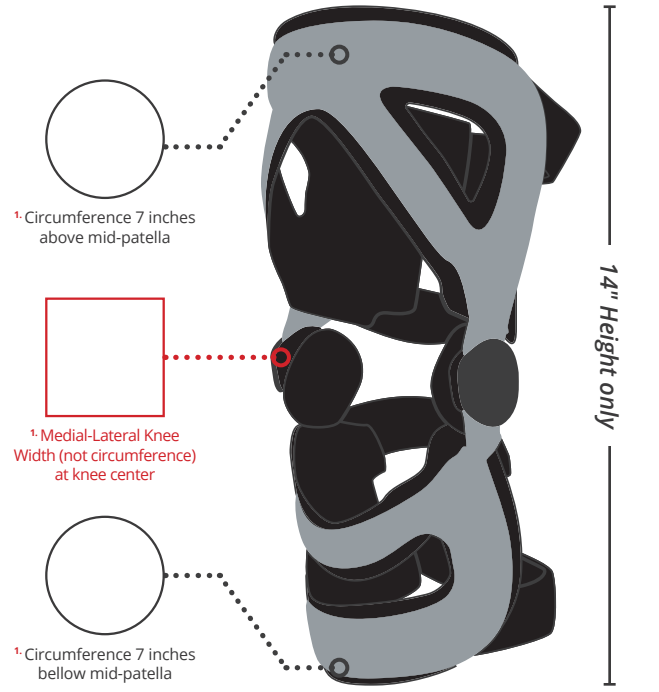
Undersleeves* 18" Cotton 18" Neoprene

22" Neoprene

Brace Cover* Pull On

Thigh Sleeves* 1/8 Atrophy Thigh Sleeve

1/16 Comfort Thigh Sleeve



Only available in full anterior frame

¹These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).

Special Instructions: _____

*Indicates additional charges apply