

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

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): _____

Model

- Reliever Reliever Air Reliever Air Lite
- ACL
- Combined Instabilities (PCL)*
 Option: PCL Strap* PCL Rigid Band*

Compartment

- Unload Medial Unload Lateral
- Dual Loadshifters Compartment

Thigh Shell Length

- 7 Inch 8 Inch 9 Inch

Tibia Shell Length

- 7 Inch 8 Inch 9 Inch Other _____"

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

Hinges – Brace is fabricated with LOADSHIFTER (no charge) The LOADSHIFTER can be used to increase correction by shifting the thigh shell angle. ONLY offered with TM5+ Aluminum Hinges.

- TM5+ Hinges** – Includes extension stop kit
- Optional flexion stop kit*

Hinge Material

- 6061 Aluminum (required for LOADSHIFTER)
- Stainless Steel* (brace will be fabricated without LOADSHIFTER)
- Add optional extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster (Reliever Air & Reliever only)

- Standard Minimal No Bolster

Special Trim Lines (Air Townsend only)

- Full Figure: (Reliever Air Only): Helps contain soft tissue
- Customized Shell Design (include instructions/drawing)

Synergistic Suspension Strap Attachment

- Standard attachment (Lateral end recessed inside tibia shell)
- Lateral end attached to outer shell (for prominent fibular head)
- Double Rivet Suspension Strap

Color/Fabric Inlay

- Black Royal Blue Sheer Teal*
- Beige Green Sheer Purple*
- Gray Burgundy US Flag Fabric*
- Red Clear Graphite Fabric
-1 yard from patient*
- Navy Blue Sheer Red*

Anti-Migration Silicon Infused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover*

- Posterior Closure Pull On

Undersleeves*

- 18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

- 1/16 Comfort Thigh Sleeve

M-L measurement at knee center _____

Special Instructions: _____

*Please complete and fax this form 1.877.527.1911 (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
 1877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).*

*Indicates additional charges apply