

Select Reliever

Contact Information

Clinician Fitter/Assistant/Tech Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#:

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ Prov: _____ Postal Code: _____

Shipping Preference

Ground

Express

Patient Information

Fit Date: _____

Last Name: _____

First Name: _____

The brace you order is determined by the leg, affected knee compartment.

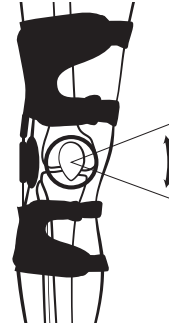
- Select Reliever Left Leg Lateral / Right Leg Medial
Part #U0312129900352
- Select Reliever Right leg Lateral/ Left Leg Medial
Part #U0312129900351

Universal - One Size Fits Most (30" Circumference at thigh)

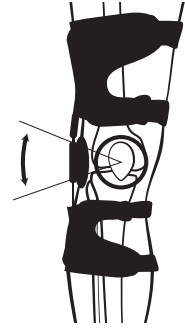
Sleeves*

- C/S Wrap (for compression and enhanced suspension)

Reference



Right Medial/ Left Lateral



Right Lateral/ Left Medial