

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 ____ Height ____ Weight _____

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

FULL SHELL POLIO BRACE

LENGTH

Tibia Shell: 7" 8" Other ____"

Thigh Shell: 7" 8" Other ____"

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

STRAPS 4 Straps 5 Straps

Color/Fabric Inlay

- Black Beige Gray Red Navy Blue Royal Blue
- Green Burgundy Clear Graphite (Black) Sheer Red*
- Sheer Teal* Sheer Purple* Fabric -1 yard from patient*
- U.S.A. Flag Fabric*

PREMIER POLIO KNEE BRACE

- 3 Rigid Bands: Anterior thigh band, & 2 posterior calf bands
- 4 Rigid Bands: Anterior & posterior thigh bands & 2 posterior tibia bands (requires minimum 9 inch thigh shell)

Thigh Shell Length:

- 7" 8" (3 band model)
- 9" 10" (required for 4 band model)

Tibia Shell Length: 8" 9"

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

Finish and Color

- Powdercoat Finish (Lightest, Most Durable Finish)
- Black Antique Pewter (Silver) Royal Blue Burgundy High Gloss Paint Finish Black Royal Blue Burgundy Beige Emerald Green White Burnt Orange Dark Violet Steel Blue Quicksilver Indy Yellow Custom Paint Finish* -- Indicate Custom Paint # _____

Must be completed (for all orders)

Select Hinge Position and Type of Hinges

Set the terminal extension of the hinges to cast position; OR Set terminal extension at: 0° 5° 10° 15° Other ____°

Free Knee 5 Bar Hinges (Highest Strength)

- Optional Extension Stop Kit (0, 5, 10, 15, 20 and 30 degrees)*
- No Flexion Stops
- Set Flexion Stops at: ____15; ____30; ____45; ____60; ____75; ____90 degrees
- Note: Flexion stops are semi-permanent (can only be removed at factory)
- Optional Condylar Pads: No Both Medial Lateral

Original Hinges (Full Shell model, only)

- Extension Stop Kit Flexion Stop Kit*
- Condylar Pads: None Both Medial Lateral
- Install Extension Assist Bands/Posts*

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/16 Comfort Thigh Sleeve

Anti-Migration Silicon Infused Strap Pads*

Please complete and fax this form to 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