

## FACILITY INFORMATION

Account Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account No.: \_\_\_\_\_

P.O.: \_\_\_\_\_

City: \_\_\_\_\_

Practitioner: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date: \_\_\_\_\_

## SHIPPING INFORMATION

☐ Same as above

Address: \_\_\_\_\_

☐ UPS Red (Overnight)

☐ UPS Blue (2 Day Air)

☐ UPS 3 Day

☐ UPS Ground

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ Other: \_\_\_\_\_

## PATIENT INFORMATION

Name: \_\_\_\_\_

☐ Male ☐ Female

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Affected Side: ☐ Right ☐ Left ☐ Bilateral

OA Affected Compartment: ☐ Medial (30°  
Total Unloading)

☐ Lateral (6°  
Total Unloading)

## OFF THE SHELF

Circumference 6" above knee center for upper  
Circumference 6" below knee center for lower  
Knee should be fully extended during measurements

Upper Size: \_\_\_\_\_

☐ Comfil® TFC

Lower Size: \_\_\_\_\_

☐ Kydex®

☐ ABS

☐ Short ABS

## CUSTOM

### MATERIALS

☐ Comfil® TFC

☐ Kydex®

☐ ABS

Other \_\_\_\_\_

### CIRCUMFERENCE

Left

Right

\_\_\_\_\_ 8 \_\_\_\_\_

\_\_\_\_\_ 6 \_\_\_\_\_

\_\_\_\_\_ 4 \_\_\_\_\_

\_\_\_\_\_ 2 \_\_\_\_\_

Mid-patella = \_\_\_\_\_ 0 \_\_\_\_\_

☐ Cast Sent

\_\_\_\_\_ 2 \_\_\_\_\_

Knee ML

\_\_\_\_\_ 4 \_\_\_\_\_

\_\_\_\_\_ 6 \_\_\_\_\_

\_\_\_\_\_ 8 \_\_\_\_\_

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

Optional custom cuff selection available for mixed upper and lower cuff sizes.

*Please call if you have any questions.*