

### PATIENT INFORMATION

**Patient ID\*:** \_\_\_\_\_  
**Age\*:** \_\_\_\_\_ **Sex\*:** \_\_\_\_\_  
**Height\*:** \_\_\_\_\_ *ft* \_\_\_\_\_ *in.* **Weight\*:** \_\_\_\_\_ *lbs.*  
**Diagnosis:**  
 \_\_\_\_\_  
 \_\_\_\_\_

### OTHER INFORMATION

**Scanned by (professional)\*:** \_\_\_\_\_  
**Phone (professional)\*:** \_\_\_\_\_ **Ext.:** \_\_\_\_\_  
**Email (professional)\*:** \_\_\_\_\_  
**Date brace required by customer:** \_\_\_\_\_  
**PO #\*:** \_\_\_\_\_

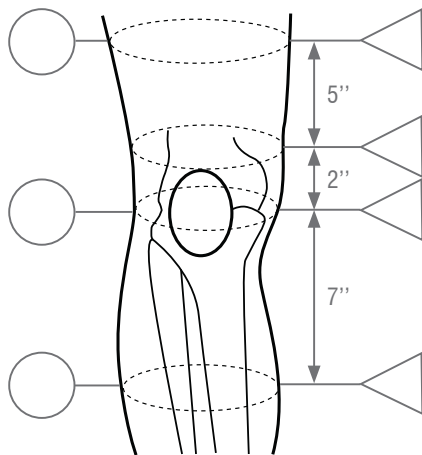
### BILLING ADDRESS

**Contact\*:** \_\_\_\_\_  
**Company\*:** \_\_\_\_\_  
**Address\*:** \_\_\_\_\_  
**City\*:** \_\_\_\_\_  
**State/Prov.\*:** \_\_\_\_\_ **ZIP/P.C.\*:** \_\_\_\_\_

### SHIPPING ADDRESS (if different)

**Contact\*:** \_\_\_\_\_  
**Company\*:** \_\_\_\_\_  
**Address\*:** \_\_\_\_\_  
**City\*:** \_\_\_\_\_  
**State/Prov.\*:** \_\_\_\_\_ **ZIP/P.C.\*:** \_\_\_\_\_

### FORM MEASUREMENTS\*



Measurements are in\*:  Inch  mm  cm

### SCANNED OBJECT\*

**Scan of Leg:**  with sleeve  without sleeve  Scan of the Cast

### KNEE\*

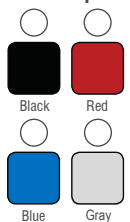
Right  Left Affected ligament:  PCL  ACL  MCL  LCL Torn meniscus:   
 Knee Instability

### ASSESSMENT\*

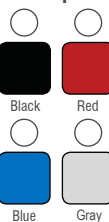
Hyperextension  Hyperlaxity  Flexum  Surgery: \_\_\_\_\_  Other: \_\_\_\_\_

### COLORS AVAILABLE

#### Femoral part\*



#### Tibial part\*



### OPTION

#### Condyle pad\*:

5mm (default)  
 7mm (optional)

### SPECIAL NOTES

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_