EXOSTAB™ 3D BK — BK amputee knee instability braced — Order Form

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 suspension sleeve ◯ without suspension sleeve

KNEE*

☐ Right
☐ Left

Affected ligament: ☐ ACL ☐ MCL ☐ LCL

☐ Knee Instability

Torn meniscus: ☐

ASSESSMENT*

☐ Hyperextension

☐ Hyperlaxity ☐ Flexum ☐ Other: ______

COLORS AVAILABLE

Femoral part*

◯ Black ◯ Red ◯ Blue ◯ Gray

Tibial part*

◯ Black ◯ Red ◯ Blue ◯ Gray

OPTION

Condyle pad*:

☐ 5mm (default)

☐ 7mm (optional)

SPECIAL NOTES

______

______

______

______

______

______

Contact: 1-888-308-7978 | **www.osskin.com**

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