

Juno pediatric knee brace

Order Form

ORDER 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 #*: _____

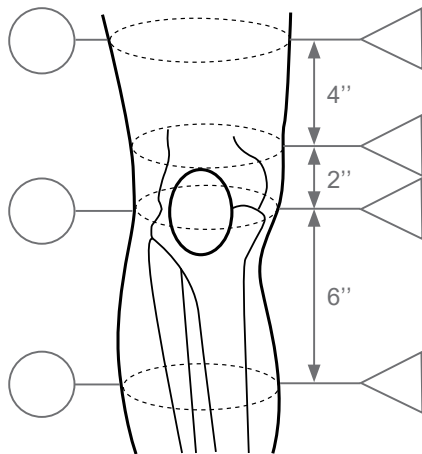
BILLING ADDRESS

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 Scan of a Cast
 without sleeve

KNEE*

Right	Affected ligament:			Osteochondritis Dissecans:
	ACL	MCL	LCL	
Left	Knee Instability			

TYPE OF DAILY ACTIVITY*

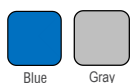
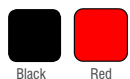
Leisure Light sport Sport/physical work

ASSESSMENT*

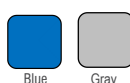
Varus Hyperextension Surgery: _____
 Valgus Hyperlaxity Flexum Other: _____

COLORS AVAILABLE

Femoral part*



Tibial part*



OPTION

Tibial straps*:
 Anterior Strap (optional)

Condyle pad*:
 5mm (default)
 7mm (optional)

UNLOADING * (applies only for Osteochondritis Dissecans)

Medial unloading Lateral unloading Neutral
 Total (degrees): _____ °

SPECIAL NOTES

