Provoke™ PCL / CI Step Thru knee brace 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*: _____

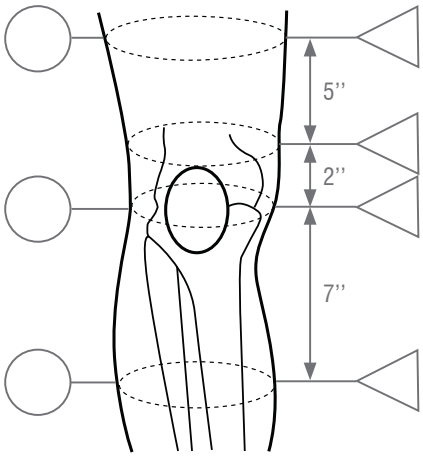
Company*: _____

Address*: _____

City*: _____

State/Prov.*: _____ ZIP/P.C.*: _____

FORM MEASUREMENTS*



Measurements are in*: ◯ Inch ◯ mm ◯ cm

SCANNED OBJECT*

Scan of Leg: ◯ with sleeve ◯ without sleeve

◯ Scan of the Cast

KNEE*

☐ Right ☐ Left

Affected ligament:

☐ PCL ☐ ACL ☐ MCL ☐ LCL

☐ Knee Instability

Torn meniscus: ☐

ASSESSMENT*

☐ Hyperextension ☐ Surgery: _____

☐ Hyperlaxity ☐ Flexum ☐ Other: _____

COLORS AVAILABLE

Femoral part*

◯ ◯

Black Red

◯

Blue

Tibial part*

◯ ◯

Black Red

◯

Blue

OPTION

Condyle pad*:

☐ 5mm (default)

☐ 7mm (optional)

SPECIAL NOTES

_____

_____

_____

_____

_____

_____