

BILL TO:

Account Name: _____
 Account #: _____ P.O. #: _____
 Contact: _____ Phone: _____ Ext. _____
 Address: _____
 City: _____ State: _____ Zip: _____

SHIPPING INFORMATION: Same as "BILL TO"

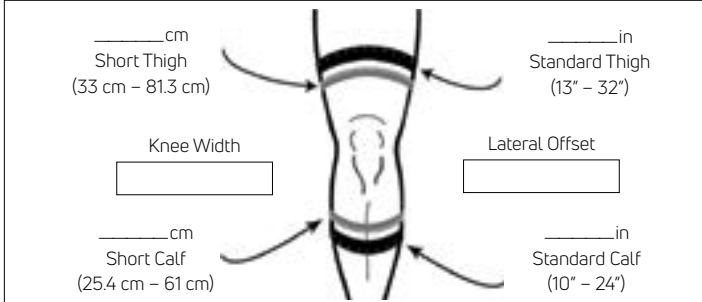
Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Next Day Air 2nd Day Delivery
 3rd Day Delivery Ground Other _____

PATIENT INFORMATION:

Name: _____
 Age: _____ Height: _____ Weight: _____
 Knee Measurement: Right Left Reverse
 New Brace Remeasurement/Repair Refurbish
 Old Brace #: _____

Custom fabricated knee brace measurements included on this form/tool are NOT equivalent to off-the-shelf brace measurements found on our website.



An off-the-shelf brace has been considered but cannot be used because:

Unusual thigh-to-calf ratio
 Knee deformity (please specify) _____
 Muscle atrophy and/or minimal muscle mass
 Other reason (please specify) _____

FOR ENOVIS™ USE ONLY:

Order #: _____
 Brace #: _____

PRODUCT SELECTION: Custom ROAM OA

OA Affected Compartment: Medial Lateral
 Select either one extension or flexion stop.

Installed Extension Stop:
 0° 10° 20° 30° 45°

Installed Flexion Stop:
 20° 30° 45° 60° 75° 90°

ACCESSORIES (extra charge):

Compression Knit Sleeve
 Cotton Lycra Sleeve
 Strap Replacement
 – Thigh & Calf Stability Straps with Strap Ends
 – Central Harness
 – Thigh & Calf Posterior Load Straps
 – Thigh & Calf Y-bracket Assemblies
 – Thigh & Calf Strap Pads with Silicone Grip
 Liner Replacement
 – Thigh Liner
 – Calf Liner
 – Condyle Liner

Supervising HCP
 Name & Credentials: _____

Measured by
 Name & Credentials: _____

Signature: _____ Date: _____

Notes: