

**Account Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Dfcj ince: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Shipping Preference**

Ground

Express

**Received Date**

Thuasne USA's shipping department use only

**Patient Information**

**Fit Date:** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

Male  Female **Age** \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS) **Height** \_\_\_\_\_ (IN)

**Leg:**  Left  Right

**Ligament:**

ACL  PCL  LCL  MCL

**Meniscus Damage:**  Medial  Lateral

**Surgeries (type/date):** \_\_\_\_\_

**Brace Model**

Standard Layout – 6061 Aluminum Joint (Aircraft grade)

Heavy Duty Layout – Stainless Steel Joint

**Brace Options**

**Hinges\***  Flexion Stop Kit

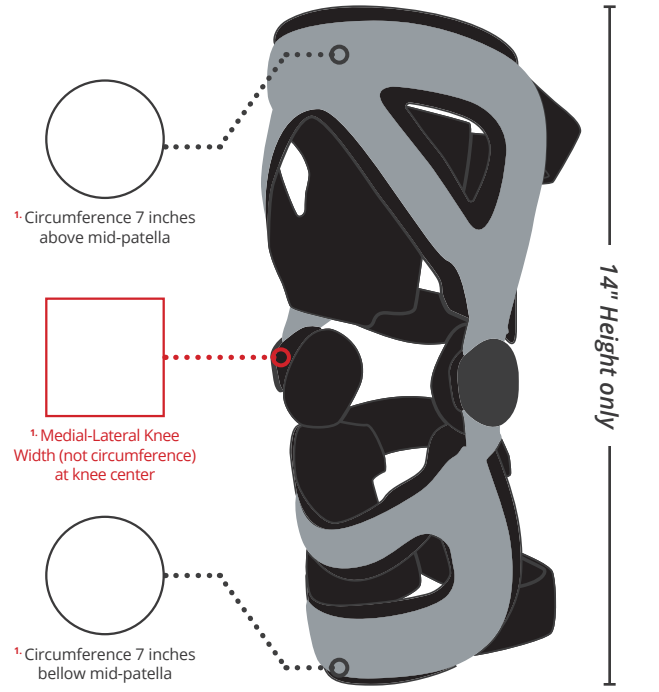
**Undersleeves\***  18" Cotton  18" Neoprene

22" Neoprene

**Brace Cover\***  Pull On

**Thigh Sleeves\***  1/8 Atrophy Thigh Sleeve

1/16 Comfort Thigh Sleeve



**Only available in full anterior frame**

<sup>1</sup>These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (cast or scan).

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Indicates additional charges apply