



EXCLUSIVELY  
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# UniReliever V2

### Contact Information

Clinician    Fitter/Assistant/Tech    Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

### Ordering Clinician

CPO    CO    CP    Other: \_\_\_\_\_

Name: \_\_\_\_\_

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

### Billing & Shipping

PO#:

Billing Account#: \_\_\_\_\_

Shipping Account#: \_\_\_\_\_

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

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

### Shipping Preference

Ground    Express

### Patient Information

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

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

**The brace you order is determined by the leg, affected knee compartment.**

- UniReliever V2 Right Leg Lateral / Left Leg Medial  
Part # U3090129900351
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### Universal - One Size Fits Most (30" Circumference at thigh)

#### Sleeves\*

- C/S Wrap (for compression and enhanced suspension)
- Knee Compression Undersleeve 18"  
*Reference thigh circumference in inches*
- XS 14" - 17"    SM 17" - 20"    MD 20" - 23"
- XL 26" - 34"    LG 23" - 24"

\*Indicates additional charges apply

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