

**COMPANY:** \_\_\_\_\_

**ACCOUNT NO.:** \_\_\_\_\_

**ADDRESS LINE 1:** \_\_\_\_\_

**ADDRESS LINE 2:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PRACTITIONER:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PURCHASE ORDER:** \_\_\_\_\_

**PATIENT ID:** \_\_\_\_\_

**PATIENT INFORMATION**

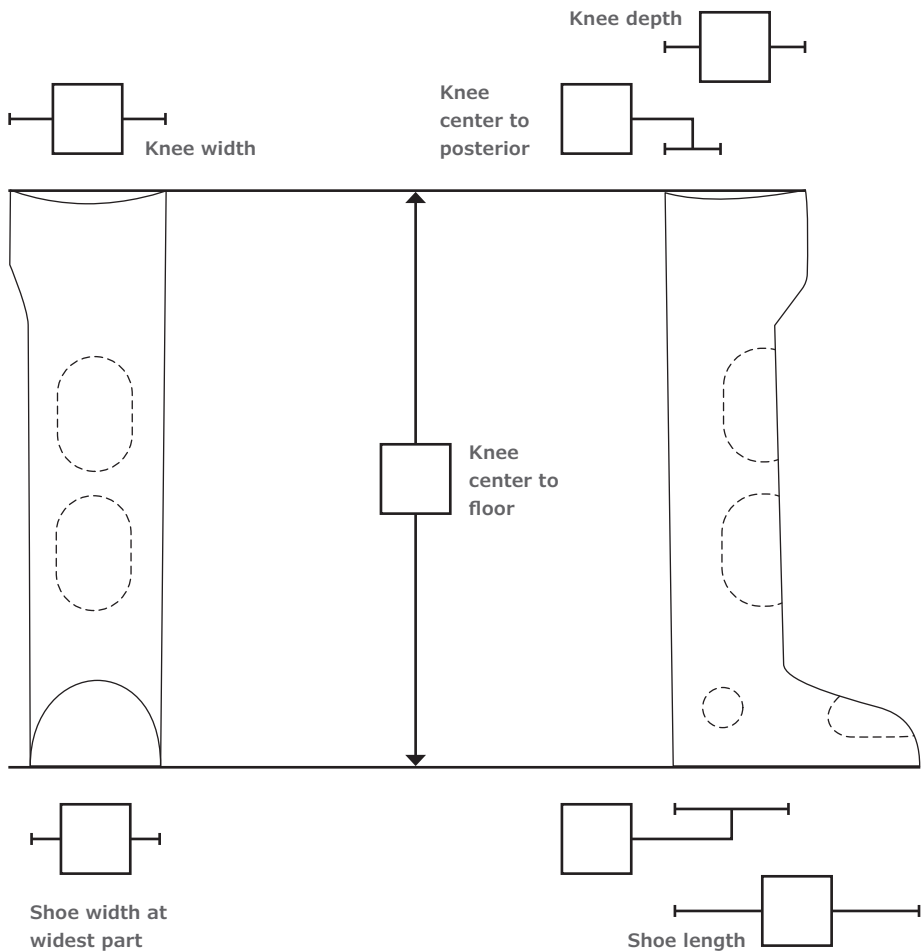
**DIAGNOSIS:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**PATIENT ID:** \_\_\_\_\_ **WEIGHT:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **HEIGHT:** \_\_\_\_\_

**PATIENT MEASUREMENTS**

Please complete all necessary measurements:



**OPTIONS**

**Indicate Knee Joints Desired**

- ☐ Drop Lock ( $\frac{1}{4} \times \frac{3}{4}$ )
- ☐ Clinician Specified

**Color of Plastic (Polypropylene)**

- ☐ Black ☐ White ☐ Natural
- ☐ Paper Transfer

**Cut-Outs Included**

- ☐ Yes ☐ No

**Shipping**

- ☐ Standard Ground
- ☐ RUSH (extra charge)
- ☐ Ship Assembled (extra charge)

**If you need a custom design or expert advice, please call us at 800.251.6398.**

