

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: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Patient Information

Fit Date: _____ Patient ID: _____

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

The Active Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**

- Left Leg Medial OA / Right Leg Lateral OA
- Right Leg Medial OA / Left Leg Lateral OA

Size

- XS SM MD LG XL 2XL 3XL

Optional

- Flexion Stop Kit

Size	6" Above Mid-Patella	6" Below Mid-Patella
XS	13" - 15"	10" - 12"
SM	15" - 18"	12" - 14"
MD	18" - 21"	14" - 16"
LG	21" - 23"	16" - 18"
XL	23" - 26"	18" - 20"
2XL	26" - 29"	20" - 22"
3XL	29" - 32"	22" - 24"

Received Date *Thuasne USA's shipping department use only*