



THUASNE®

# 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: \_\_\_\_\_ 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: \_\_\_\_\_

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

UniReliever V2 Right Leg Medial / Left Leg Lateral  
Part # U3090129900352

## Universal - One Size Fits Most (30" Circumference at thigh)

Extended Size Strap Kit (35" Thigh)  
Part # 1033100010000000

## 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

OF-064 REV. C

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

Distributed by **Thuasne USA**  
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ThuasneUSA.com