

### 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

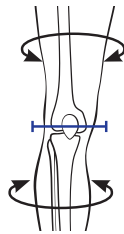
Fit Date: \_\_\_\_\_ Patient ID: \_\_\_\_\_  
 Age \_\_\_\_\_  Male    Female  
 Weight \_\_\_\_\_  Lbs.    Kg.   Height \_\_\_\_\_  in.    cm.  
 Leg:    Left    Right  
 Diagnosis: (ex: Ligament laxity, ROM limitations, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Compartment:    Unload Medial    Unload Lateral

### Measurement Data

*These measurements are required to check the accuracy of the patient model submitted, a patient model must be provided for fabrication (scan).*

\_\_\_\_\_ Proximal circumference  
 7 in / 175mm above mid-patella  
 \_\_\_\_\_ Medial-Lateral Knee Width  
 (not circumference) at knee center  
 \_\_\_\_\_ Distal circumference  
 7 in / 175mm below mid-patella



### Brace Configuration

*NB by default: riveted anchor tabs + d-rings + 1/4" padding + condylar pads + 2 additional thicker condylar pads + synergistic suspension strap*

#### Hinge (Extension stop kit included with hinges)

- TM5 Aluminum with Loadshifter
- TM5 Aluminum without Loadshifter,  
Correction built into the frame: \_\_\_\_\_°    Varus    Valgus
- TM5 Stainless without Loadshifter,  
Correction built into the frame: \_\_\_\_\_°    Varus    Valgus

#### Optional Hinge Accessories

- Flexion stop kit\*
- Extension assist bands/posts\*

### Brace Rigidity/ Stiffness

*For larger and heavier framed patients- increased rigidity / stiffness is recommended*

- Level 1 (default)    Level 2 (medium)    Level 3 (high)

### Femoral shell length

- 7 in 175mm (default)    -1 in 150mm  
*(Loadshifter not available for this length)*    +1 in 200mm

### Femoral shell configuration

- Anterior    Posterior

### Tibial shell length

- 7 in 175mm (default)    -1 in 150mm    +1 in 200mm

*\*Custom length requests require pre-fabrication consultation, additional charges will be applied.*

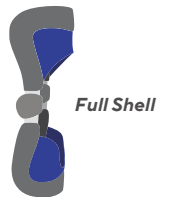
### Tibial shell configuration

- Anterior    Posterior

### Options

*Please select only one of the following selections*

- Full Shell\*
- C/S Package (not available with FullShell)
- Combined Instability Strap(PCL)  
*not available with Full Shell*



### Accessories

- Spooner Patella Stabilizing Attachment\*
- Brace cover (pull-on style)\*
- Cotton Undersleeve 18 in (46cm)\*
- Neoprene Undersleeve 18 in (46cm)\*
- CS wrap\*
- Anti-migration silicon infused strap pads\*

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Indicates additional charges apply

OF-067 REV E

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

By filling this order form and placing an order for this device, I hereby certify that I am authorized to dispense this medical device in virtue of any national law governing the fitting and adjustment of orthopedic medical devices.

Please do not provide any personal information (name etc) regarding the patient, but only provide health information necessary to the fabrication of this medical device.

**Distributed by Thuasne USA**  
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[ThuasneUSA.com](http://ThuasneUSA.com)