

CUSTOM KNEE BRACE ORDER FORM

3 WAYS TO ORDER

Fax order form to 972.660.5495 or
Call Customer Care at 1.888.253.3763 or
Send scanned form via email to orders@bledsoebrace.com

PATIENT INFORMATION

Patient Name: _____ Age: _____

Height (inches): _____ Weight (lbs.): _____ Sex: M F

Diagnosis: _____

Affected Leg: Left Right

ONE BRACE PER ORDER FORM

Instability/Deficiency: ACL PCL CI MCL/LCL/Meniscus
 Patellofemoral Pain None (Prophylactic Use)

OA (Osteoarthritis): Medial (Varus Condition)
 Lateral (Valgus Condition)

PATELLOFEMORAL: 20.50 20.50 OA Degrees of offset (up to 4"): _____

ACL/PCL AND COMBINED INSTABILITY:

Axiom Magnesium Aluminum **Ultimate Sport** Hi-Impact **Z-12** (13" Length)

Axiom-D (Dynamic) (ACL/PCL Symptomatic) **Ultimate Dynamic** (ACL/PCL Symptomatic) **Z-12^{EXT}** (15" Length)

OSTEOARTHRITIS:

OA Air **Axiom OA** Degrees of offset (up to 8"): _____ **Z-12 OA** (13" Length) Degrees of offset (up to 8"): _____
 Magnesium Aluminum

Thruster RLF **Axiom-D (OA)** Degrees of offset (up to 8"): _____ **Z-12^{EXT} OA** (15" Length) Degrees of offset (up to 8"): _____

SHIPPING INFORMATION

ACCOUNT # _____ P.O. # _____

CONTACT NAME: _____

PHONE: _____ E-MAIL: _____

SHIPPING ADDRESS

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MANUFACTURING TURNAROUND

Custom Braces (except patterns) are guaranteed to ship within 48 hours of receiving the order. Please allow at least one week for patterned braces.

Check if 24-hour mfg. turnaround is required (additional charges will apply).

SHIPPING METHOD

Shipped using FedEx 2Day® or UPS 2nd Day Air® unless alternate method is selected below (additional charges apply to following shipping methods):

FedEx Priority Overnight®

UPS Next Day Air®

FedEx Standard Overnight®

UPS Next Day Air Saver®

BILLING INFORMATION (IF DIFFERENT FROM SHIPPING INFORMATION)

Name: _____

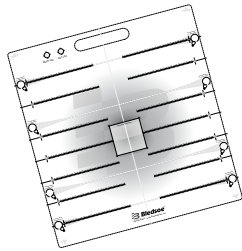
Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ ACCOUNT # _____

BLED SOE FITKIT360 MEASURING SYSTEM DATA (REFER TO THE BLED SOE FITKIT360 INSTRUCTIONS FOR DETAILED DIRECTIONS)

Tracing Board



A1 _____ A2 _____
B1 _____ B2 _____
C1 _____ C2 _____
D1 _____ D2 _____
E1 _____ E2 _____
F1 _____ F2 _____
G1 _____ G2 _____

Circumference Measurements



7" Above KC: _____

3" Above KC: _____

3" Below KC: _____

6" Below KC: _____

Tibial Disk

Size Factor: _____ 5 _____

1 _____ 6 _____

2 _____ 7 _____

3 _____ 8 _____

4 _____ 9 _____

PATELLOFEMORAL OPTIONS AND ACCESSORIES (ADDITIONAL CHARGES MAY APPLY)

Shell Color Code: _____ / _____ (See brochure or visit www.BledsoeBrace.com for color chart. For a single color, use the same code twice.)

Additional Pads: Quantity _____

Oversleeve: Quantity _____

Flexion/Extension Stop Instruction: _____

ACL/PCL and CI OPTIONS AND ACCESSORIES (ADDITIONAL CHARGES MAY APPLY)

Shell Color Code: _____ / _____ (See brochure or visit www.BledsoeBrace.com for color chart. For a single color, use the same code twice.)

"D-Ring" Strap Style Patellar Guard

Additional Pads: Quantity _____ Pad Choice: Ultrasuede (AXIOM only) Everyday Hi-Activity

Oversleeve: Quantity _____

Flexion/Extension Stop Instruction: _____

OSTEOARTHRITIS OPTIONS AND ACCESSORIES (ADDITIONAL CHARGES MAY APPLY)

Shell Color Code: _____ / _____ (See brochure or visit www.BledsoeBrace.com for color chart. For a single color, use the same code twice.)

"D-Ring" Strap Style

Additional Pads: Quantity _____

AXIOM-OA and Z-12 OA Pad Choice: Ultrasuede (AXIOM only) Everyday Hi-Activity

Undersleeve: Quantity _____

Oversleeve: Quantity _____

AFO Attachment (Thruster Only)

Flexion/Extension Stop Instruction (AXIOM-OA and Z-12 OA only): _____

CAST MOLD INSTRUCTIONS

Knee Flexion: From 10 degrees flexion • **Materials:** Plaster or fiberglass (preferred) with little or no padding • **Cast Length:** 9 to 10 inches above and below knee • **Markings:** Location of patella and adductor tubercle (medial epicondyle) and include inseam measurement from center of knee to groin • **Cut Location:** A single cut posterior of knee in the sagittal plane • **Shipping:** Write "Attention: Custom Department" clearly on box and mail to the following address with this form inside the cast mold: **2601 Pinewood Dr.; Grand Prairie, TX 75051**