



1.888.BLED SOE • www.BledsoeBrace.com

CUSTOM KNEE BRACE ORDER FORM

For Bledsoe Functional and OA Knee Braces

3 WAYS TO ORDER

Fax Order Form & Tibial Shape Chart to (972) 660-5495 or Call our Customer Care Department at 1-888-253-3763 or Complete the online order form at 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
 None (Prophylactic Use)

Functional Brace Type: Axiom (Sports Use - ACL/PCL Static or Combined Instability)
 Axiom-D (Sports Use - ACL/PCL Symptomatic)

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

OA Brace Type: Thruster RLF
 Axiom OA

Degrees of additional offset built into Axiom OA (up to 8°): Varus _____ Valgus _____

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®

BILLING INFORMATION (IF DIFFERENT FROM SHIPPING INFORMATION)


Name: _____


Address: _____


City: _____ State: _____ Zip: _____



Phone: _____ ACCOUNT # _____


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

A Thigh Length: _____ cm 
B Calf Length: _____ cm

C Medial Knee Offset: _____ mm 
D Lateral Knee Offset: _____ mm

E Upper Thigh Width: _____ mm 
F Knee Width: _____ mm
G Lower Calf Width: _____ mm

H Upper Thigh Circumference: _____ cm 
I Lower Thigh Circumference: _____ cm
J Upper Calf Circumference: _____ cm
K Lower Calf Circumference: _____ cm 

Tibial Shape: 
L1 _____ mm **L2** _____ mm **L3** _____ mm **L4** _____ mm
L5 _____ mm **L6** _____ mm **L7** _____ mm

OPTIONS (ADDITIONAL CHARGES MAY APPLY)

Thruster RLF Brace Options:

Shell Color/Pattern Number: _____

Graphic Number: _____

Slogan Number: _____

AFO Attachment

(See Brochure or visit bledsoebrace.com for color chart and graphics and slogan numbers)

Functional Brace Options:

Shell Color Number: _____

Patellar Guard

Flexion/Extension Stops Instruction: _____

"D-Ring" Strap Style for Axiom and Axiom-D

Choose Shell Liner Pads to be Pre-installed on Axiom and Axiom-D:

Ultrasuede Pads Everyday Pads Hi-Activity Pads

ACCESSORIES (ADDITIONAL CHARGES APPLY)

OA and Functional Brace Accessories:

Carrying Bag (included at no extra charge with AXIOM and AXIOM-D)

Custom Embroidery on Bag: _____

Undersleeve - Quantity: _____

Padded Oversleeve (Functional Braces only) - Quantity: _____

Additional Pads for Functional Braces:

Ultrasuede Pads

Everyday Pad Kit

Hi-Activity Pad Kit

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**