



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](http://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](http://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**