

Knee Orthosis Custom Form

PATIENT NAME _____

CUSTOMER INFORMATION

M ___ F ___ Height _____ Weight _____

Date _____ PO# _____

Age _____ Diagnosis _____

Company _____

Ship To _____

Ship Via _____ Date Required _____

Contact _____

Phone _____ Fax _____

KNEE SPECIFICATIONS

Material thickness _____ 4mm Standard

Length _____

Straps Yes ___ No ___ 2 ___ 4 ___

Color _____ Black Standard

Other _____

Buttress

None _____

Circular _____

U-Shape _____

J bar ___ left ___ right ___

J bar exterior pressure strap _____

Knee Hinges

None _____

Spirals _____

Free knee 11" _____

Single axis 90° back stop 11" _____

Poly centric 90° back stop 9" _____

ROM _____ MAX 21"

Comments:

