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E-Mail form to: <u>SmartFAB@allardusa.com</u>

## **MultiMotion Knee Orthosis Order Form**

Date:							
Contact: P.O. #:			SHIP VIA:	O UPS	O Fe	∍dEX	Cust. P/U
Phone:			SERVICE:	○ Ground	O 3-1	Day	O 2-Day
Fax:				O ND Saver	O No	ext Day	O ND Early AM
Email:							
SHIP TO: Acct #: Name: Address: Address 2: City, State, Zip 0	Code:		Acc Nai Add	ct #: me: dress: dress 2: y, State, Zip Code:	O Same as Ship	То	
PATIENT INFO							
Patient ID: Height:		Weight:	Sex: Age:		Diagnosis:		
DEVICE SIDE		• • • • • • • • • • • • • • • • • • •					
O Left	O Right	O Bilateral					
MEASUREMEN <sup>®</sup>							
M-L	8" Above Kne  Knee Center  8" Below Knee		Cir	cumference	Overall Brace H	-leight:	

THER	MOPLASTIC C	PTIONS (Selec	ct one from	each column)					
	Туре		Thickness		Thigh Cuff		Transfer	Pa <sub>l</sub>	
0	Polypropylene	O 1/8	3"	O 3/16"	0	Anterior	Design:		
0	Copolymer	O 5/3	32"	O 1/4"	0	Posterior			
0	Polyethylene						1		
Corr	ect cast to:		0	Do not correct cast					
	Liner (select one from each column)								
T	уре	Thic	kness	Location			_		
0	Aliplast	O 1/8	3"	O Thigh	0	Calf			
0	Pe-lite	O 5/3	32"	O Posterior	0	Anterior			
0	Other:	O 3/I	6"						
		O 1/4	<b>!</b> "	O Other:					
MultiN	otion KNEE JO	DINT OPTIONS	Note: cor	rective joint will always b	e lateral/free	motion join	t will always be me	edial	
		٦	Гуре (Selec	t one from each colum	nn)				
0	Straight						Modular		
0	Offset						Integrated		
	O Medial	O Lateral	0	Both O	None				
SPECI	AL INSTRUCT	IONS:							