

PATIENT INFORMATION

Patient: _____
 Age: _____ Sex: _____ Height: _____ Weight: _____
 Diagnosis: _____

PRACTITIONER SHIPPING INFORMATION

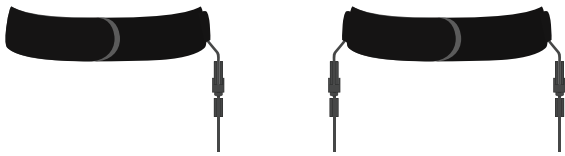
Facility: _____
 Clinician: _____
 Address: _____
 City: _____
 State/Province/Region: _____ Zip: _____
 Country: _____
 Phone (Office): _____ Phone (Cell): _____
 Fax: _____ Email: _____

ORDER INFORMATION

PO#: _____

DEVICE SELECTION

Model



Unilateral

Bilateral

Side: Left Right

Hip Joints

- Free Motion
- Ring Lock
- Other (Specify) _____

Bar Size (required)

- A
- B
- C

Leather Color Options

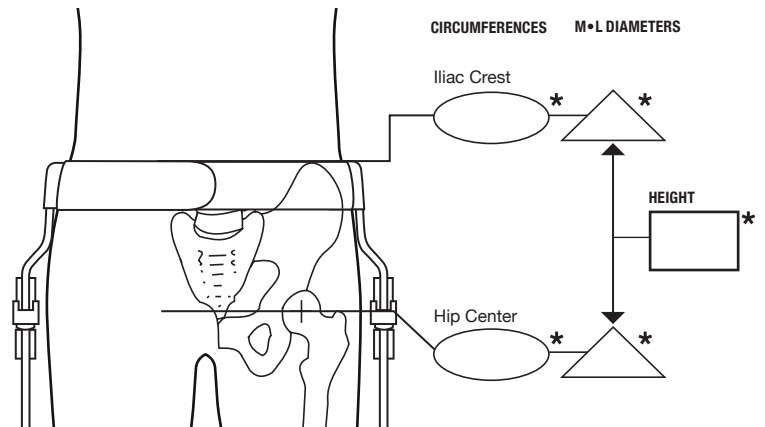
- White***
- Black
- Beige

Straps

- Velcro***
- Buckle

MEASUREMENTS

Anatomic Measurements Inches Centimeters



***All measurements are required for fabrication**

SPECIAL INSTRUCTIONS

Note: If you don't choose an option, the * (default) option will be selected for you.