



Custom Knee Brace Order Form

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E-mail: orderprocess@breg.com

Website: www.breg.com

BILL TO		SHIP TO (IF DIFFERENT)			SHIPPING METHOD	
Customer #	PO #	Name:			Shipped using FedEx Ground (preferred shipper) unless alternate method is selected below: <i>(additional charges may apply to the following shipping methods)</i> <input type="checkbox"/> Saturday <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Next Day Early AM <input type="checkbox"/> 3 rd Day <input type="checkbox"/> Next Day AM - Priority <input type="checkbox"/> Ground <input type="checkbox"/> Next Day PM - Standard <input type="checkbox"/> FedEx <input type="checkbox"/> UPS	
Contact:	Tel #	Address:				
Name:		City:	State:	Zip:		
Address:		Notes/Special Instructions: <i>("Hot" is available for Fusion, Solus, and X2K (not X2K PTO))</i>				
City:	State:	Zip:	<input type="checkbox"/> Bilateral <input type="checkbox"/> New Account <input type="checkbox"/> Hot			

PATIENT INFORMATION				
Patient Name:		Age:	Height (inches):	Weight (lbs):
Diagnosis:		Phone:	Affected Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Instability/Deficiency: <input type="checkbox"/> ACL <input type="checkbox"/> PCL/CI <input type="checkbox"/> MCL/LCL/Meniscus <input type="checkbox"/> Patellofemoral Pain <input type="checkbox"/> None (Prophylactic Use) OA (Osteoarthritis): <input type="checkbox"/> Medial Compartment (Varus Condition) <input type="checkbox"/> Lateral Compartment (Valgus Condition)				

PATIENT MEASUREMENT		Measurements taken by:	
BREG TOOL		Phone:	
<input type="checkbox"/> Cast <input type="checkbox"/> AOP	Thigh Circumference:	Knee Offset:	
Please mail Cast Molds for these braces to: Breg, Inc. 2885 Loker Ave East, Carlsbad, CA 92010	Calf Circumference:	Knee Width:	

FUSION® BRACE INFORMATION <i>* 10 degree stop installed</i>	FUSION BRACE COLOR INFORMATION <i>* Default color = black</i>	FOR OFFICE USE ONLY	
Fusion <input type="checkbox"/> Standard Hinge 01207 <input type="checkbox"/> OA Plus (medial) 01221 <input type="checkbox"/> OA Plus (lateral) 01302 Fusion Women's <input type="checkbox"/> Standard Hinge 01201 <input type="checkbox"/> OA Plus 01223 Fusion XT <input type="checkbox"/> Standard Hinge 01200 <input type="checkbox"/> OA Plus 01226 Fusion Women's White <input type="checkbox"/> Standard Hinge 01203 <input type="checkbox"/> OA Plus 01224 Solus® Medial <input type="checkbox"/> OA Plus 19104	Fusion Color <input type="checkbox"/> Standard Hinge 01209 <input type="checkbox"/> OA Plus (medial) 01222 <input type="checkbox"/> OA Plus (lateral) 01303 Fusion Women's Color <input type="checkbox"/> Standard Hinge 01214 <input type="checkbox"/> OA Plus 01225 Fusion XT Color <input type="checkbox"/> Standard Hinge 01215 <input type="checkbox"/> OA Plus 01227 Solus Medial Color <input type="checkbox"/> OA Plus 19105 <i>*72 hr turnaround on Fusion custom Pantone/custom pattern orders</i>	Color Options <input type="checkbox"/> Forest <input type="checkbox"/> Orange <input type="checkbox"/> Navy <input type="checkbox"/> Pink <input type="checkbox"/> Royal <input type="checkbox"/> Yellow <input type="checkbox"/> Sage <input type="checkbox"/> Mauve <input type="checkbox"/> Red <input type="checkbox"/> Custom Pantone Additional charge for color or pattern Pattern Options <input type="checkbox"/> Flames <input type="checkbox"/> Camouflage <input type="checkbox"/> Flag <input type="checkbox"/> Ripples <input type="checkbox"/> Custom Pattern Notes: _____	<input type="checkbox"/> Color Enhancement 03161 <input type="checkbox"/> Pattern Enhancement 03162 <input type="checkbox"/> Custom Color/Pattern 03163 BRACE ACCESSORIES <i>* Stop Tree Kit included</i> <input type="checkbox"/> Slide Guard, M/L 22000 <input type="checkbox"/> Slide Guard, XL/XXL 22001 <input type="checkbox"/> Extra Brace Bag 70069 <i>(1 per brace included)</i> <input type="checkbox"/> Cotton Undersleeve 0985X <input type="checkbox"/> Neoprene Undersleeve 0735X <input type="checkbox"/> Sports Cover 15" 1099X <i>(X2K, Axiom Elite, Thruster)</i> <input type="checkbox"/> Sports Cover 13" 1008X <i>(Fusion, Quantum, Z-12, 20,50)</i> <input type="checkbox"/> Silicone Strap (1 yard) 75070 <i>*For sizes Large and above, if needed on all straps, order quantity 2</i> <input type="checkbox"/> Patella Guard, Hi Activity Pad JK009305 <input type="checkbox"/> Patella Guard, Everyday Pad JK009315 <input type="checkbox"/> Patella/Femoral Guard, Hi Activity Pad JK009405 <input type="checkbox"/> Patella/Femoral Guard, Everyday 70056 <input type="checkbox"/> VIP Brace Bag 10350 <input type="checkbox"/> Extra Stop Tree Kit 76517 <input type="checkbox"/> Suspension Strap
X2K® BRACE INFORMATION <i>* Available in black only</i> <i>* Brace bag not included</i>	QUANTUM® OA BRACE INFORMATION <i>* 0 degree stop installed</i> <i>* Default color = dark gray</i>	INSTALL STOPS Installed Stop: <input type="checkbox"/> Extension _____° <input type="checkbox"/> Flexion _____° Pads on Brace <input type="checkbox"/> Uncompressed - tibial pads <input type="checkbox"/> Uncompressed - femoral pads	
X2K <input type="checkbox"/> PTO w/ Adj Hinge 20025 <input type="checkbox"/> Custom w/ Adj Hinge 20002 Compact X2K <input type="checkbox"/> Standard Hinge 20019 <input type="checkbox"/> Adjustable Hinge 20020	Quantum OA <input type="checkbox"/> Custom 100510 <i>*72 hr turnaround on Quantum Custom</i> Pad options: -Standard (default if not selected) -UltraGrip (thigh only)		

Any fitting of a custom knee brace must be done in accordance with your state's orthotic licensure requirements.

PATIENT NAME

PATIENT MEASUREMENT				
Measurements taken by:		Please mail Cast Molds for these braces to:		
Phone:	<input type="checkbox"/> Cast <input type="checkbox"/> AOP	Espresso Forwarding, 1767 Carr Road Suite 100, Calexico CA, 92231 USA		
FIT KIT MEASURING SYSTEM DATA (See "How To Measure" instructions)		CIRCUMFERENCE MEASUREMENTS	TIBIAL TOOL (6" BELOW MID-PATELLA)	
TRACING BOARD	A1:	A2:	1:	
	B1:	B2:	4:	
	C1:	C2:	5:	
	D1:	D2:	7" above KC:	KNEE WIDTH MEASUREMENT
	E1:	E2:	3" above KC:	Hand Tool:
	F1:	F2:	3" below KC:	Other (specify):
	G1:	G2:	6" below KC:	

AXIOM® ELITE BRACE INFORMATION	THRUSTER BRACE INFORMATION	DUO BRACE INFORMATION
Axiom Elite <input type="checkbox"/> Magnesium MG424000 <input type="checkbox"/> Aluminum PK424000 <input type="checkbox"/> Sport PK624000 Axiom-D Elite <input type="checkbox"/> Magnesium MG428000 <input type="checkbox"/> Aluminum PK428000 <input type="checkbox"/> Sport PK628000	Legacy Thruster <i>(Aluminum Only)</i> <input type="checkbox"/> Short 14" TA419000 <input type="checkbox"/> Stnd 16" TA409000 Thruster RLF <i>(Aluminum Only)</i> <input type="checkbox"/> Short 16" AG061016 <input type="checkbox"/> Stnd 17" AG061012	DUO <i>(Aluminum Only)</i> <input type="checkbox"/> Short 13" ED312000 <input type="checkbox"/> Stnd 15" ED112000 <hr/> JET® BRACE INFORMATION Jet <input type="checkbox"/> Custom KZ114000
Z-12® BRACE INFORMATION	Z-12 OA	20.50 BRACE INFORMATION
Z-12 <input type="checkbox"/> Stnd 13" Magnesium AZ114000 <input type="checkbox"/> Stnd 13" Aluminum AZ214000 Z-12 D <input type="checkbox"/> Stnd 13" Magnesium AZ128000 <input type="checkbox"/> Stnd 13" Aluminum AZ228000	<input type="checkbox"/> Stnd 13" Magnesium AZ115000 <input type="checkbox"/> Stnd 13" Aluminum AZ215000 Degrees of offset (up to 8°) _____° Z-12 Adjustable OA <input type="checkbox"/> Stnd 13" Magnesium AZ115000-A <input type="checkbox"/> Stnd 13" Aluminum AZ215000-A	20.50 <input type="checkbox"/> Stnd 12" Magnesium AG060050 <input type="checkbox"/> Ext 14" Magnesium AG060052 <input type="checkbox"/> Stnd 12" Aluminum AG260050 <input type="checkbox"/> Ext 14" Aluminum AG260052 20.50 OA <input type="checkbox"/> Stnd 12" Magnesium AG060054 <input type="checkbox"/> Ext 14" Magnesium AG060055 <input type="checkbox"/> Stnd 12" Aluminum AG260454 <input type="checkbox"/> Ext 14" Aluminum AG260455 Degrees of offset (up to 8°) _____°

BRACE OPTIONS (For Axiom Elite, Thruster, Jet, Z-12, DUO and 20.50 braces) No stops installed, stop set included in box with brace.

COLOR OPTIONS (Additional charge for color or pattern. Default color is 3001 - Jet Black)

Shell color number(s): _____ Shell finish: Gloss Matte *(only applicable for aluminum colors)*
 See color chart for color options. For a two-color brace, list the color number for the top part of the brace first, and the color number for the bottom part second.

Magnesium Colors				
3001 - Jet Black	3017 - Moss Green	3023 - Water Blue	3043 - Grass Green	3067 - Pastel Blue
3011 - Ultramarine Blue	3018 - Pure Orange	3024 - Traffic White	3046 - Signal Yellow	3078 - Light Pink
3013 - Traffic Blue	3019 - Telemagenta	3033 - Black Metallic	3051 - Steel Blue	3071 - Wine Red
3016 - Yellow Green	3022 - Traffic Red	3038 - Silver Metallic	3062 - Sahara Gold	
Aluminum Colors				
2001 - Jet Black	2019 - Telemagenta	2031 - Traffic Red Metallic	2043 - Grass Green	2071 - Wine Red
2011 - Jen Blue	2021 - Brown Red	2032 - Stardust Blue Metallic	2046 - Signal Yellow	2077 - Candy Purple
2013 - Traffic Blue	2022 - Traffic Red	2033 - Black Metallic	2051 - Steel Blue	2078 - Light Pink
2016 - Yellow Green	2023 - Water Blue	2036 - Moss Green Metallic	2062 - Sahara Gold	
2017 - Moss Green	2024 - Traffic White	2038 - Silver Metallic	2067 - Pastel Blue	
2018 - Pure Orange	2029 - Traffic Gray Metallic	2040 - Sky Blue	2069 - Cobalt Blue	

PADS ON BRACE	BRACE OPTIONS AND ACCESSORIES (Additional charges may apply)		
Check an option first: <input type="checkbox"/> Everyday <i>(All except Jet)</i> <input type="checkbox"/> High Activity <i>(Axiom Elite, Jet, Z-12, and DUO braces only)</i> If marked above and need uncompressed pads, check below: <input type="checkbox"/> Uncompressed - tibial pads <input type="checkbox"/> Uncompressed - femoral pads Additional Pads: Qty _____	Installed Stop: <input type="checkbox"/> Extension _____° <input type="checkbox"/> Flexion _____° <input type="checkbox"/> "D-Ring" Strap Style <input type="checkbox"/> PCL Strap <input type="checkbox"/> Buckle Strap Style <i>(default if not specified)</i>	<input type="checkbox"/> Patella Guard, Hi Activity Pad JK009305 <input type="checkbox"/> Patella Guard, Everyday Pad JK009315 <input type="checkbox"/> Patella/Femoral Guard, Hi Activity Pad JK009405 <input type="checkbox"/> Patella/Femoral Guard, Everyday Pad JK009415	<input type="checkbox"/> Cotton Undersleeve 0985X <input type="checkbox"/> Neoprene Undersleeve 0735X <input type="checkbox"/> Accessory Pad Kit CK004012 <i>(no charge)</i> <input type="checkbox"/> Gel Condyle <i>(Kit)</i> KT000007 <i>(one pad included)</i> <input type="checkbox"/> AFO Attachment TK074075 <i>(Thruster RLF Only)</i>