



Custom Knee Brace Order Form

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E-mail: orderprocess@breg.com

Local: +1-760-795-5440
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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)			

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 apply to the following shipping methods)</i>	
Contact:	Tel #	Address:			<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	
Name:		City:	State:	Zip:		
Address:		Notes/Special Instructions:				
City:	State:	Zip:	<input type="checkbox"/> Bilateral <input type="checkbox"/> New Account <input type="checkbox"/> Hot			

PATIENT MEASUREMENT		Measurements taken by:				
BREG TOOL		Phone:				
<input type="checkbox"/> Cast	Thigh Circumference:	Knee Offset:				
<input type="checkbox"/> RMA	Calf Circumference:	Knee Width:				
FIT KIT MEASURING SYSTEM DATA (See How To Measure instructions)			CIRCUMFERENCE MEASUREMENTS		TIBIAL TOOL (6" BELOW MID-PATELLA)	
TRACING BOARD		A1:	A2:	1: <input type="text"/>		
		B1:	B2:	4: <input type="text"/>		
		C1:	C2:	2: <input type="text"/>		
		D1:	D2:	3: <input type="text"/>		
		E1:	E2:	5: <input type="text"/>		
		F1:	F2:	6: <input type="text"/>		
		G1:	G2:	7" above KC: <input type="text"/>		
				3" above KC: <input type="text"/>		
				3" below KC: <input type="text"/>		
				6" below KC: <input type="text"/>		
				KNEE WIDTH MEASUREMENT		
				Hand Tool: <input type="text"/>		
				Other (specify): <input type="text"/>		

FUSION® BRACE INFORMATION		FUSION BRACE COLOR INFORMATION			FOR OFFICE USE ONLY	
Fusion <input type="checkbox"/> Standard Hinge 01207 <input type="checkbox"/> OA Plus 01221		Fusion XT Color <input type="checkbox"/> Standard Hinge 01215 <input type="checkbox"/> OA Plus 01227	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"/> Orange <input type="checkbox"/> Custom Pantone	<input type="checkbox"/> Color Enhancement 03161 <input type="checkbox"/> Pattern Enhancement 03162 <input type="checkbox"/> Custom Color/Pattern 03163		
Fusion Women's <input type="checkbox"/> Standard Hinge 01201 <input type="checkbox"/> OA Plus 01223		Fusion Color <input type="checkbox"/> Standard Hinge 01209 <input type="checkbox"/> OA Plus 01222	FUSION ACCESSORIES <input type="checkbox"/> Slide Guard, M/L 22000 <input type="checkbox"/> Slide Guard, XL/XXL 22001			
Fusion XT <input type="checkbox"/> Standard Hinge 01200 <input type="checkbox"/> OA Plus 01226		Fusion Women's Color <input type="checkbox"/> Standard Hinge 01214 <input type="checkbox"/> OA Plus 01225	X2K AND FUSION ACCESSORIES <input type="checkbox"/> Brace Bag 70057 <input type="checkbox"/> Cotton Undersleeve 0985X <input type="checkbox"/> Neoprene Undersleeve 0735X <input type="checkbox"/> X2K Brace Cover 1099X <input type="checkbox"/> Sports Cover 1008X <input type="checkbox"/> Silicon Strap 75070 <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 JK009415			
Fusion Women's White <input type="checkbox"/> Standard Hinge 01203 <input type="checkbox"/> OA Plus 01224		Fusion Lateral Color <input type="checkbox"/> OA Plus 01303	Pattern Options <input type="checkbox"/> Flames <input type="checkbox"/> Camouflage <input type="checkbox"/> Flag <input type="checkbox"/> Ripples <input type="checkbox"/> Custom Pattern			
Fusion Lateral <input type="checkbox"/> OA Plus 01302		Solus Color <input type="checkbox"/> OA Plus 19105	Notes: _____			
Solus <input type="checkbox"/> OA Plus 19104		LPR Color <input type="checkbox"/> Standard Hinge 00029				
LPR <input type="checkbox"/> Standard Hinge 00028		<i>*72 hr turnaround on Fusion custom Pantone/custom pattern orders</i>				
X2K® BRACE INFORMATION						
X2K <input type="checkbox"/> Standard Hinge 20001 <input type="checkbox"/> Adjustable Hinge 20002 <input type="checkbox"/> Counterforce Plus* 20003 <input type="checkbox"/> PTO w/ Adj Hinge 20025		Compact X2K <input type="checkbox"/> Standard Hinge 20019 <input type="checkbox"/> Adjustable Hinge 20020 <input type="checkbox"/> Counterforce Plus* 20021 <input type="checkbox"/> PTO w/ Adj Hinge 20037	Women's X2K <input type="checkbox"/> Standard Hinge 20013 <input type="checkbox"/> Adjustable Hinge 20014 <input type="checkbox"/> Counterforce Plus* 20015 <input type="checkbox"/> PTO w/ Adj Hinge 20033	<i>*Counterforce Plus option not available on PTO</i>		
X2K High Performance (HP) Wrinklecoat <input type="checkbox"/> Standard Hinge 20007 <input type="checkbox"/> Adjustable Hinge 20008 <input type="checkbox"/> Counterforce Plus* 20009 <input type="checkbox"/> PTO w/ Adj Hinge 20029		Compact X2K HP <input type="checkbox"/> Standard Hinge 20051 <input type="checkbox"/> Adjustable Hinge 20052 <input type="checkbox"/> Counterforce Plus* 20053 <input type="checkbox"/> PTO w/ Adj Hinge 20056				

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PATIENT NAME

AXIOM® ELITE BRACE INFORMATION	THRUSTER BRACE INFORMATION	JET 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"/> Std 16" TA409000 Thruster RLF <i>(Aluminum Only)</i> <input type="checkbox"/> Short 16" AG061016 <input type="checkbox"/> Std 17" AG061012	Jet <input type="checkbox"/> Custom KZ114000

Z-12 BRACE INFORMATION		
Z-12 <input type="checkbox"/> Std 13" Magnesium AZ114000 <input type="checkbox"/> Ext 15" Magnesium AZ119000 <input type="checkbox"/> Std 13" Aluminum AZ214000 <input type="checkbox"/> Ext 15" Aluminum AZ219000 Z-12 D <input type="checkbox"/> Std 13" Magnesium AZ128000 <input type="checkbox"/> Ext 15" Magnesium AZ158000 <input type="checkbox"/> Std 13" Aluminum AZ228000 <input type="checkbox"/> Ext 15" Aluminum AZ258000	Z-12 OA <input type="checkbox"/> Std 13" Magnesium AZ115000 <input type="checkbox"/> Ext 15" Magnesium AZ115400 <input type="checkbox"/> Std 13" Aluminum AZ215000 <input type="checkbox"/> Ext 15" Aluminum AZ215400 Degrees of offset (up to 8°) _____°	Z-12 Adjustable OA <input type="checkbox"/> Std 13" Magnesium AZ115000-A <input type="checkbox"/> Ext 15" Magnesium AZ115400-A <input type="checkbox"/> Std 13" Aluminum AZ215000-A <input type="checkbox"/> Ext 15" Aluminum AZ215400-A

DUO BRACE INFORMATION	20.50 BRACE INFORMATION	
DUO <i>(Aluminum Only)</i> <input type="checkbox"/> Short 13" ED312000 <input type="checkbox"/> Std 15" ED112000	20.50 <input type="checkbox"/> Std 11" Magnesium AG060050 <input type="checkbox"/> Ext 13" Magnesium AG060052 <input type="checkbox"/> Std 11" Aluminum AG260050 <input type="checkbox"/> Ext 13" Aluminum AG260052	20.50 OA <input type="checkbox"/> Std 11" Magnesium AG060054 <input type="checkbox"/> Ext 13" Magnesium AG060055 <input type="checkbox"/> Std 11" Aluminum AG260454 <input type="checkbox"/> Ext 13" Aluminum AG260455 Degrees of offset (up to 4°) _____°

BRACE OPTIONS (For Axiom Elite, Thruster, Jet, Z-12, DUO and 20.50 braces)

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	2021 - Brown Red	2031 - Traffic Red Metallic	2040 - Sky Blue	2067 - Pastel Blue
2013 - Traffic Blue	2022 - Traffic Red	2032 - Stardust Blue Metallic	2043 - Grass Green	2069 - Cobalt Blue
2017 - Moss Green	2023 - Water Blue	2033 - Black Metallic	2046 - Signal Yellow	2071 - Wine Red
2018 - Pure Orange	2024 - Traffic White	2036 - Moss Green Metallic	2051 - Steel Blue	2077 - Candy Purple
2019 - Telemagenta	2029 - Traffic Gray Metallic	2038 - Silver Metallic	2062 - Sahara Gold	2078 - Light Pink

PADS ON BRACE	BRACE OPTIONS AND ACCESSORIES (Additional charges may apply)		
<input type="checkbox"/> Everyday (All except Jet) <input type="checkbox"/> High Activity (Axiom, Jet, Z-12, and DUO braces only) Additional Pads: Qty _____ Uncompressed Pad: <input type="checkbox"/> Tibial: Qty _____ <input type="checkbox"/> Femoral: 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"/> Oversleeve: Qty _____ <input type="checkbox"/> AFO Attachment (<i>Thruster RLF Only</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

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