



# Custom Knee Brace Order Form

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BILL TO		SHIP TO (IF DIFFERENT)			SHIPPING METHOD		
Customer #	PO #	Name:			Shipped using FedEx Ground (preferred shipper): <i>(additional charges may apply to the following shipping methods)</i>		
Contact:	Tel #	Address:			<input type="checkbox"/> Saturday	<input type="checkbox"/> 2 <sup>nd</sup> Day	
Name:		City:	State:	Zip:	<input type="checkbox"/> Next Day Early AM	<input type="checkbox"/> 3 <sup>rd</sup> Day	
Address:		Notes/Special Instructions: <i>("Hot" is available for Fusion, Solus, and X2K (not X2K PTO))</i>			<input type="checkbox"/> Next Day AM - Priority	<input type="checkbox"/> Ground	
City:	State:	Zip:				<input type="checkbox"/> Next Day PM - Standard	<input type="checkbox"/> FedEx
<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:	
<b>BREG TOOL</b>		Phone:	
<input type="checkbox"/> Cast <input type="checkbox"/> AOP	Thigh Circumference:	Knee Offset:	
Please mail ALL Cast Molds to: Expresso Forwarding, 1767 Carr Road Suite 100, Calexico CA, 92231 USA	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	
<b>Fusion</b> <input type="checkbox"/> Standard Hinge    01207 <input type="checkbox"/> OA Plus (medial)    01221 <input type="checkbox"/> OA Plus (lateral)    01302 <b>Fusion Women's</b> <input type="checkbox"/> Standard Hinge    01201 <input type="checkbox"/> OA Plus    01223 <b>Fusion XT</b> <input type="checkbox"/> Standard Hinge    01200 <input type="checkbox"/> OA Plus    01226 <b>Fusion Women's White</b> <input type="checkbox"/> Standard Hinge    01203 <input type="checkbox"/> OA Plus    01224 <b>Solus® Medial</b> <input type="checkbox"/> OA Plus    19104	<b>Fusion Color</b> <input type="checkbox"/> Standard Hinge    01209 <input type="checkbox"/> OA Plus (medial)    01222 <input type="checkbox"/> OA Plus (lateral)    01303 <b>Fusion Women's Color</b> <input type="checkbox"/> Standard Hinge    01214 <input type="checkbox"/> OA Plus    01225 <b>Fusion XT Color</b> <input type="checkbox"/> Standard Hinge    01215 <input type="checkbox"/> OA Plus    01227 <b>Solus Medial Color</b> <input type="checkbox"/> OA Plus    19105 <i>*72 hr turnaround on Fusion custom Pantone/custom pattern orders</i>	<b>Color Options</b> <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 <hr/> <b>Additional charge for color or pattern</b>  <b>Pattern Options</b> <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 <hr/> <b>BRACE ACCESSORIES</b> <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    JK009415 <input type="checkbox"/> Extra Stop Tree Kit    10350 <input type="checkbox"/> Suspension Strap    76517
<b>X2K® BRACE INFORMATION</b> <i>* Available in black only</i> <i>* Brace bag not included</i>	<b>QUANTUM® OA BRACE INFORMATION</b> <i>* 0 degree stop installed</i> <i>* Default color = dark gray</i>	<b>INSTALL STOPS</b>	
<b>X2K</b> <input type="checkbox"/> PTO w/ Adj Hinge    20025 <input type="checkbox"/> Custom w/ Adj Hinge    20002 <b>Compact X2K</b> <input type="checkbox"/> Standard Hinge    20019 <input type="checkbox"/> Adjustable Hinge    20020	<b>Quantum OA</b> <input type="checkbox"/> Custom    100510 <i>*72 hr turnaround on Quantum Custom</i>  Pad options: -Standard (default if not selected) -UltraGrip (thigh only)	Installed Stop: <input type="checkbox"/> Extension _____° <input type="checkbox"/> Flexion _____°  <b>Pads on Brace</b> <input type="checkbox"/> Uncompressed - tibial pads <input type="checkbox"/> Uncompressed - femoral pads	

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

<b>PATIENT NAME</b>

PATIENT MEASUREMENT				
Measurements taken by:		Please mail Cast Molds for these braces to:		
Phone:	<input type="checkbox"/> Cast <input type="checkbox"/> AOP	Expresso 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)	
<b>TRACING BOARD</b>	A1:	A2:	1:	
	B1:	B2:	4:	
	C1:	C2:	5:	
	D1:	D2:	7" above KC:	<b>KNEE WIDTH MEASUREMENT</b>
	E1:	E2:	3" above KC:	Hand Tool:
	F1:	F2:	3" below KC:	Other (specify):
	G1:	G2:	6" below KC:	
				6:

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

**BRACE OPTIONS (For Axiom Elite, Thruster, Jet, Z-12, Z-12 D, Z-12 Adj OA, Z-12 OA, 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 <input type="checkbox"/> Patella Guard, Everyday Pad <input type="checkbox"/> Patella/Femoral Guard, Hi Activity Pad <input type="checkbox"/> Patella/Femoral Guard, Everyday Pad	<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>