HEKO FORM

Date _____ / _____ / _____

PATTERNS & STRAPS
CLICK OR SCAN

PATIENT

Last Name/Patient ID

First Name

DOB _____ / _____ / _____   □ Male   □ Female

Weight _____   Height _____

Dx

□ Right   □ Left   □ Bilateral

COMPANY

Name

Contact Name

Phone _____   Fax _____

E-mail

BILLING / SHIPPING

BILLING

Address

City

ST/Prov _____   Zip _____

Shipping address same as billing?   □ Yes   □ No

SHIPPING

Address

City

ST/Prov _____   Zip _____

PO #

Order confirmation: □ Fax   □ E-mail

FedEx SHIPPING OPTIONS

Need by Date

□ Ground® ....FREE

□ 2 Day® A.M. *10:30 a.m. or noon 2nd business day* $30.00

□ Priority Overnight® *10:30 a.m. next business day* $55.00

□ First Overnight® *8:00 a.m. next business day* $100.00

CASTS

Sending Casts: □ Yes   □ No

□ Return impressions pre-modifications $20.00/pr.

Send casts:
17530 Dugdale Drive
South Bend, IN 46635

STYLE

		Weight: Patients up to 100 lbs	
□	**Custom**	□ **Polypropylene** (white)	Pattern:
		□ **LDPE**	**Color**: □ Black □ Purple
□	**Prefab**	*Weight: Patients up to 50 lbs*	
		Only available in LDPE	**Color**: □ Black □ Purple

MEASUREMENTS

● **Circumference**

■ **Distance**

▲ **M/L**

⬡ **A/P**

ALL MEASUREMENTS SHOULD BE TAKEN IN WEIGHT BEARING POSITION ❯
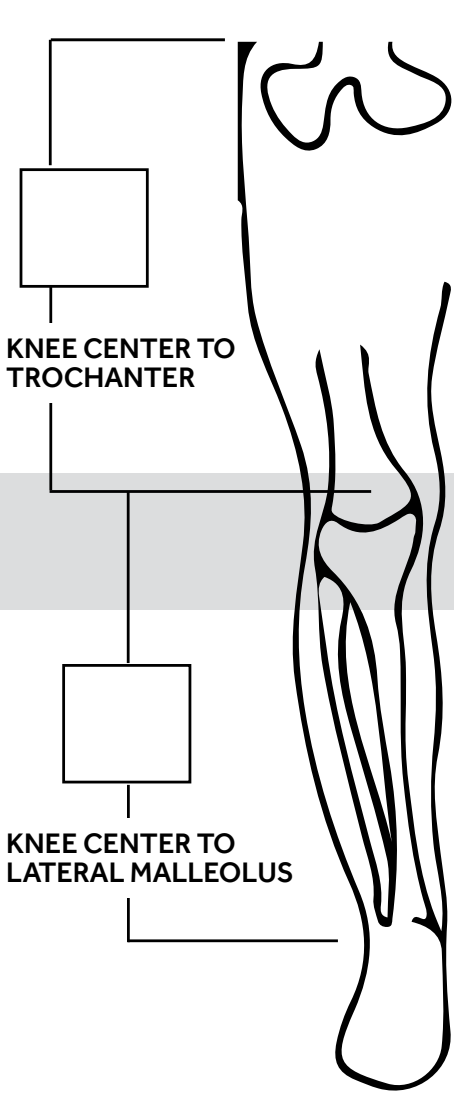
DESIRED FINISHED LENGTH

Inches proximal to knee center:

_____

Inches distal to knee center:

_____

* Measurements required for HEKO Prefab orders

** 8" only necessary for large HEKO hinges

*** If knee center circumference is greater than 11" large HEKO hinges will be used (additional charges apply).

KNEE CENTER TO TROCHANTER

KNEE CENTER TO LATERAL MALLEOLUS

PROXIMAL TO KNEE CENTER

- 8" **
- 6"
- 4"
- 2"

KNEE CENTER*

DISTAL TO KNEE CENTER

- 2"
- 4"
- 6"
- 8" **

NOTES