



## PATIENT

Last Name/Patient ID \_\_\_\_\_

First Name \_\_\_\_\_

Age                       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 Dr.  
 South Bend, IN 46635

## STYLE

**Custom**      *Weight: Patients up to 100 lbs*

Polypropylene (white)      Pattern: \_\_\_\_\_

LDPE      Color:     Black     Purple

**Prefab**      *Weight: Patients up to 50 lbs*

Only available in LDPE      Color:     Black     Purple

## NOTES

**NOTES**

## 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).**

