



PATIENT

Patient ID _____

Age (in years) _____

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

<input type="checkbox"/>	Custom	Weight: Patients up to 100 lbs	
		<input type="checkbox"/> Polypropylene (white)	Pattern:
		<input type="checkbox"/> LDPE	Color: <input type="checkbox"/> Black <input type="checkbox"/> Purple
<input type="checkbox"/>	Prefab	Weight: Patients up to 50 lbs	
		Only available in LDPE	
		Color: <input type="checkbox"/> Black <input type="checkbox"/> 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).**

