

BILL TO:

Account Name: _____
 Account #: _____ P.O. #: _____
 Contact: _____ Phone: _____ Ext. _____
 Address: _____
 City: _____ State: _____ Zip: _____

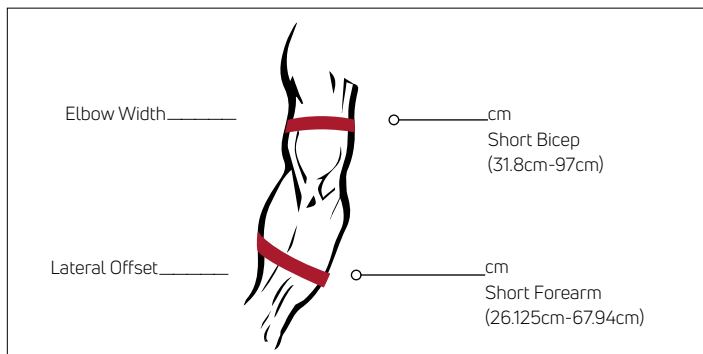
SHIPPING INFORMATION: Same as "BILL TO"

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____

Next Day Air 2nd Day Delivery
 3rd Day Delivery Ground Other _____

PATIENT INFORMATION:

Name: _____
 Age: _____ Height: _____ Weight: _____
 Measurement: Right Left Reverse
 New Brace Remeasurement/Repair Refurbish



An off-the-shelf brace has been considered but cannot be used because:

Unusual bicep to forearm ratio
 Elbow deformity (please specify) _____
 Muscle atrophy and/or minimal muscle mass
 Other reason (please specify) _____

FOR ENOVIS™ USE ONLY:

Order #: _____
 Brace #: _____

CUSTOM EDITION ELBOW PRO PRODUCT SELECTION:

Note: Includes internally mounted straps.

Hinge:
 Low Profile Hinge Only

Strapping:
 CI Strapping Only

Measurement taken by:
 Cast CCMI Mark III

Recommended Football Options

- Reinforced Carbon Composite Frame
- Player Last Name, First Initial _____
- School/Team Color: _____

COLORS: See Defiance Color chart for all color options

Black Gloss Metallic Black Matte Black Matte Smoke
 Other _____

FEATURES:

Note: Comes with Sili-grip strap pads installed and all 1" wide straps.

Reinforced Carbon Composite Frame
 Installed Extension Stop: 0° 10° 20° 30° 40° (select one)
 Installed Flexion Stop: 45° 60° 75° 90° (select one)
 Neoprene Suspension Strap Kit

Condyle Pad:
 Silicone Memory Foam

ACCESSORIES (extra charge):

<input type="checkbox"/> High Strength Stainless Steel Gears	<input type="checkbox"/> Memory Foam Condyle Pad Kit
<input type="checkbox"/> Full Extension Lockout Stop	<input type="checkbox"/> Bicep Softgood Kit (liners, straps, pads)
<input type="checkbox"/> Lycra Suspension Sleeve	<input type="checkbox"/> Forearm Softgood Kit (liners, straps, pads)
<input type="checkbox"/> Neoprene Suspension Sleeve	<input type="checkbox"/> Air Condyle Kit
<input type="checkbox"/> Compression Knit Sleeve	<input type="checkbox"/> Neoprene Condyle Pad Kit
<input type="checkbox"/> Sports Brace Cover	<input type="checkbox"/> Sili-Grip Strap Pad Kit
<input type="checkbox"/> Surround Gel Condyle Pad	<input type="checkbox"/> Silicone Condyle Pad Kit

Supervising HCP
 Name & Credentials: _____

Measured by
 Name & Credentials: _____

Signature: _____ Date: _____