

CHOOSE BRACE AND ACCESSORIES

- CTi Custom
 CTi Pro Sport Custom
 CTi OA Custom
 Unloader One Custom
 Unloader One SmartDosing Custom

COLOR (For colors not included in the scale below, see Custom Designs)



CUSTOM DESIGNS (Extra cost)

- Flag
 Flames
 Single Color
 2-color Fade
 Half & Half
 Other _____

ACCESSORIES CTi

- ACL Cable System
 Patella Cup
 Gel Fit Padding System
 Condyle Pads
 AMS WRAP
 Neoprene Oversleeve
 Neoprene Undersleeve
 Gear Guards
 MotoCross Kit

ACCESSORIES Unloader One

- Undersleeve Black
 Undersleeve Grey
 Doeskin Liner Tibia
 AMS Liner
 Suspension Strap Kit

ADDITIONAL NEEDS

- Shorten Tibial Member
 1,3 cm
 2,5 cm
 3,8 cm
 Shorten Femoral Member
 1,3 cm
 2,5 cm
 3,8 cm
 Extend Tibial Member
 1,3 cm
 2,5 cm
 3,8 cm
 Extend Femoral Member
 1,3 cm
 2,5 cm
 3,8 cm
 Flare Tibial Member (Recommended)

 Weight Bearing Angular Deformity (Only OA) _____ °
 Flexion Stop Installed _____ °
 Desired Amount of Correction (Only OA) _____ °

MEASUREMENTS

Mark on the patient where the measurements are taken (see below for reference). Let the patient stand in a weight bearing position.

1. Measure the width (M-L) at the joint space and note the value below.
2. Measure the circumference of the leg 7,5 cm and 15 cm below and above mid patella and note the values below.
3. Draw a line along the tibial crest from the middle of the tuberositas tibiae and approximately 15 cm down.

PHOTO INSTRUCTIONS

Remember to hold the camera straight towards the knee and with a distance of 60-90 cm from the knee. (see below for reference). Take the photos with a neutral background.

1. Take the first picture straight from the front.
2. Rotate the patient 90 ° and take picture 2 from the lateral side.

- M-L _____ mm
 Circumference 15 cm above _____ mm
 Circumference 7,5 cm above _____ mm
 Circumference 7,5 cm below _____ mm
 Circumference 15 cm below _____ mm

If you are using DMS measurement, please attach the pictures with this document!

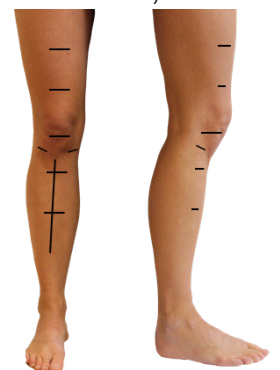


Bild 1

Bild 2

PATIENT INFORMATION

First name _____ Last name _____

Order no. / Purchase order no. _____

Age _____ Weight _____ Height _____

Leg _____ If OA _____
 Left Right Bilats Medial OA Lateral OA

Diagnosis / Symptom _____

CUSTOMER INFORMATION

Date _____ Customer no. _____ Ordered by _____

BILLING ADDRESS

Method of measurement Cast DMS

Contact _____ Company _____

Address _____ Postal no: _____

Phone _____ E-mail _____

SHIPPING (if different)

Contact _____ Company _____

Address _____ Postal no: _____

Phone _____ E-mail _____

I wish to have a tech contact me prior to brace fabrication

Name _____ Phone / E-mail _____

If you are using DMS measurement, please attach the pictures with this document!



Have you downloaded our free iPhone / iPad application for Smart measure?

