

## Billing and Shipping Information

OneSource Account # :

Contact for ordering or delivery questions

Contact :

Email :

Mobile Phone :

Ship To :

Company :

Address :

City/ State/ Zip :

Contact :

Phone :

Fax :

Email :

PO # :

Shipping Check Priority : ☐ Ground ☐ 2<sup>nd</sup> Day  
(shipping calculated separately per order)

Completion of this order form with the most accurate and up-to-date information, including all patient information, measurements, and construction information allows us to provide the highest quality product for you and your patient

## Required Patient Information

Patient Initials :

First and Last Name Initial

Height :  ft.  in.

Weight :  lbs.

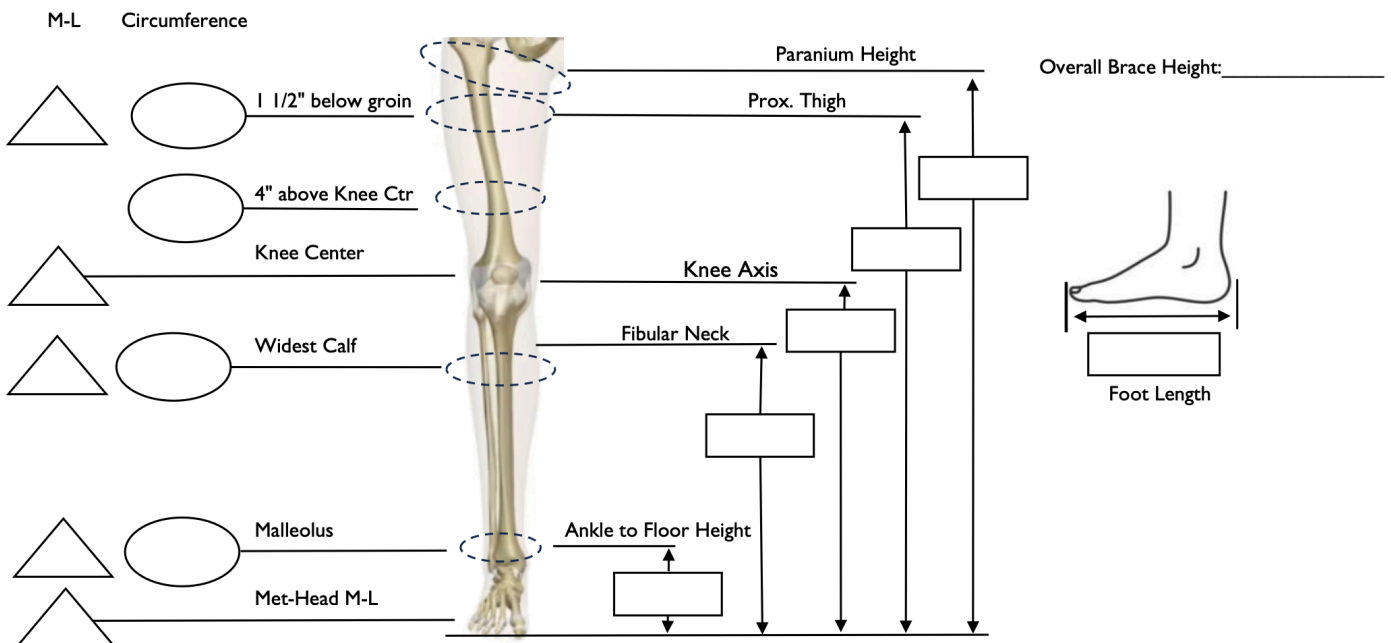
Patient ID # :

Impact Level : ☐ High ☐ Med ☐ Low

Device Side: ☐ Left ☐ Right

## MEASUREMENTS

Below measurements are in:  in.  cm.



**M-L Circumference**

- 1 1/2" below groin
- 4" above Knee Ctr
- Knee Center
- Widest Calf
- Malleolus
- Met-Head M-L

**Paranium Height**

**Prox. Thigh**

**Knee Axis**

**Fibular Neck**

**Ankle to Floor Height**

**Overall Brace Height:**

**Foot Length**

### THERMOPLASTIC OPTIONS (Select one from each column)

Type	Thickness	Thigh Cuff	Transfer Paper
<input type="checkbox"/> Polypropylene <input type="checkbox"/> Copolymer <input type="checkbox"/> Polyethylene	<input type="checkbox"/> 1/8" <input type="checkbox"/> 5/32" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> Anterior <input type="checkbox"/> Posterior	Design : _____
Correct Cast to : _____		<input type="checkbox"/> Do not Correct Cast	

### Liner (select one from each column)

Type	Thickness	Location
<input type="checkbox"/> Aliplast <input type="checkbox"/> Pe-lite <input type="checkbox"/> Other : _____	<input type="checkbox"/> 1/8" <input type="checkbox"/> 5/32" <input type="checkbox"/> 3/16" <input type="checkbox"/> 1/4"	<input type="checkbox"/> Thigh <input type="checkbox"/> Calf <input type="checkbox"/> Posterior <input type="checkbox"/> Anterior <input type="checkbox"/> Footplate <input type="checkbox"/> Plantar Surface <input type="checkbox"/> Other : _____

### Ankle Joints (select type)

<input type="checkbox"/> Tamarack <input type="checkbox"/> Tamarack Dorsi Assist <input type="checkbox"/> Tamarack Clevisphere	<input type="checkbox"/> Oklahomo (Polypro) <input type="checkbox"/> Gillette <input type="checkbox"/> Gillette Heavy Duty	<input type="checkbox"/> Gillette Dorsi Assist <input type="checkbox"/> Camber Axis Hinge <input type="checkbox"/> Other : _____	<b>Size :</b> <input type="checkbox"/> Adult <input type="checkbox"/> Youth <input type="checkbox"/> Child
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### METAL AND LEATHER OPTIONS (Select one from each column)

Color	Closure	T-Strap	Knee Pad	Condyle Padding	Shoe Build-up
<input type="checkbox"/> Black <input type="checkbox"/> Beige <input type="checkbox"/> Smoked Elk <input type="checkbox"/> Brown	<input type="checkbox"/> Hook n Loop <input type="checkbox"/> Leather Strap & Buckle	<input type="checkbox"/> Medial <input type="checkbox"/> Lateral <input type="checkbox"/> None <input type="checkbox"/> Padded	<input type="checkbox"/> 3-Buckle <input type="checkbox"/> 4-Buckle <input type="checkbox"/> 5-Buckle <input type="checkbox"/> Other : _____	<input type="checkbox"/> Pear <input type="checkbox"/> Round	<input type="checkbox"/> None <input type="checkbox"/> Other : _____

### Ankle Joints (select type)

<input type="checkbox"/> Dorsiflexion Assist <input type="checkbox"/> Double Action <input type="checkbox"/> Limited Motion	<b>Strirrup</b> <input type="checkbox"/> Solid <input type="checkbox"/> Solid Long Tongue <input type="checkbox"/> Split	<b>Range of Motion</b> <input type="checkbox"/> Plantarflexion _____ <input type="checkbox"/> Dorsiflexion _____
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### METAL AND LEATHER OPTIONS (Select one from each column)

Type	Material	Size (Large to Small)
<input type="checkbox"/> Free Motion <input type="checkbox"/> Ring Lock <input type="checkbox"/> Lever Lock (Ball) <input type="checkbox"/> Ball Catch <input type="checkbox"/> Ratchet Lock <input type="checkbox"/> Other : _____	<input type="checkbox"/> Aluminum <input type="checkbox"/> Stainless Steel	<input type="checkbox"/> 1/4" x 3/4" <input type="checkbox"/> 3/16" x 3/4" <input type="checkbox"/> 1/4" x 5/8" <input type="checkbox"/> 3/16" x 5/8" <input type="checkbox"/> 3/16" x 1/2" <input type="checkbox"/> 1/8" x 1/2"