CUSTOM ORDER FORM

www.bmiortho.com

PATIENT INFORMATION

Last Name: _____ First Name: _____

Age: _____ Sex: _____ Weight: _____ Height: _____

Leg: ☐ Right ☐ Left

Ligament instability ☐ ACL ☐ PCL ☐ MED. COL. ☐ LAT. COl.

OA instability ☐ Medial O.A. (varus condition) ☐ Lateral O.A. (valgus condition)

Patient scanned by: _____ Email: _____

LIGAMENT BRACE DESIGN

☐ ACL ☐ MCL

☐ PCL ☐ LCL

OA BRACE DESIGN

☐ Medial Unloading ☐ Degree of correction ____ (Default is 3 degrees)

☐ Lateral Unloading ☐ Neutral to scan position

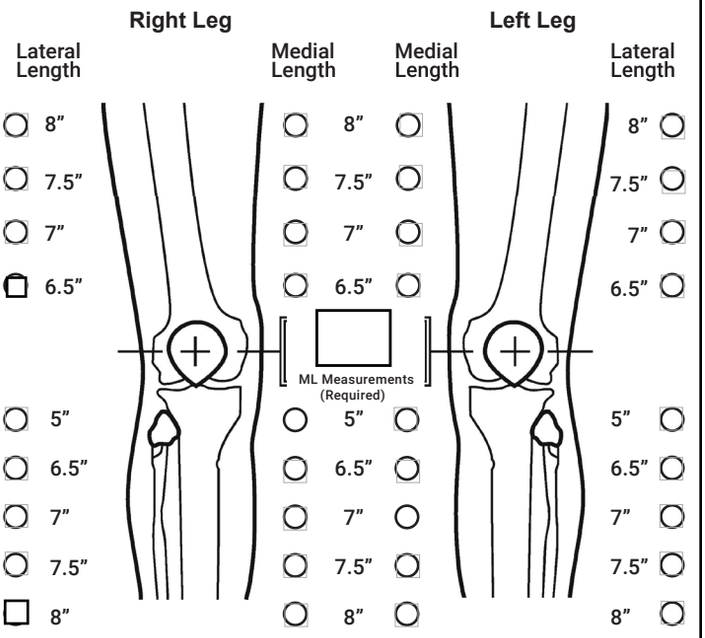
COLOR OPTIONS

☐ Black - 01 ☐ Dark gray - 50 ☐ Light gray -51

☐ Red - 62 ☐ Green - 57

☐ Blue - 53 ☐ Purple - 52

DESIGN YOUR CUSTOM TRIMLINES



6.5” Femoral and 6.5” Tibial is default if nothing is indicated
**Maximum ½”frame offset*

NOTES

BRACE OPTIONS

☐ Undersleeve Cotton ($25)

☐ 2nd set of Custom Brace Liners ($50)

☐ 2nd set of Brace Straps ($50)

BILL TO

P.O.#: _____ Account #: _____

Bill to: _____

Address: _____

City: _____ Prov./State: _____

Postal Code: _____ Country: _____

SHIPPING INFORMATION Same as bill to

Ship to: _____

Address: _____

City: _____ Prov./State: _____

Postal Code: _____ Country: _____

Shipping: ☐ Standard ☐ Expedited

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Toll Free Fax.: 1-877-527-1911 Email: sales@bmiortho.com Web: www.bmiortho.com

Please send all orders to production@bmiortho.com