

# CUSTOM KNEE BRACE ORDER FORM

1. Fill out order form completely
2. Email to [customersupport@vqorthocare.com](mailto:customersupport@vqorthocare.com) or fax to 800.652.1126
3. For cast molds, ship to VQ OrthoCare, 1390 Decision St., Vista CA 92081



## PATIENT INFORMATION

Last name \_\_\_\_\_ First name \_\_\_\_\_  
Date of birth (mm/dd/yyyy) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Affected leg:  Left  Right  
eCast / Cast taken by: \_\_\_\_\_

## OSTEOARTHRITIS BRACES

FreeStride OA  Eagle OA  
Affected compartment for OA  
 Medial  Lateral  
 Short  Standard Corrective Force \_\_\_\_\_  
 Lateral application for medial compartment (FreeStride only)

## LIGAMENT INSTABILITY BRACES

Eagle  Short  Standard  
Extension stop installed  0°  5°  10°  15°  20°  25°  ACL  PCL  CI

## AVAILABLE COLORS

Black  Charcoal  Silver  Copper  Champagne  
 Cherry  Merlot  Midnight Blue  Steel Blue  Lagoon  
 Deep Lilac  Forest Green  Chameleon Blue (upcharge applies)

## OPTIONS/COMMENTS

Undersleeve –Cotton / Lycra®  Undersleeve – Neoprene  Oversleeve – Neoprene  
 Range of motion hinge  Suspension Wrap Qty: \_\_\_\_\_  AKS attached wrap Qty: \_\_\_\_\_  
For skiing, distance from top of boot to mid-patella \_\_\_\_\_  
Comments \_\_\_\_\_

## BILLING ADDRESS

Name \_\_\_\_\_ PO# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_  MC  Visa

## SHIPPING ADDRESS

Name \_\_\_\_\_ PO# \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Shipping Method  UPS 3-day  UPS 2-day  UPS next day  Ground