



**1343 E. Wisconsin Ave #112
Pewaukee, WI 53072
PH: (262) 547-4276**

FAX ORDERS TO (262) 547-0512

1. Complete Patient Information.
2. Choose Product.
3. Complete measurements, *in inches*, for desired product.
4. Fax measurements, face sheet (with insurance information) and Rx.

1. PATIENT INFORMATION

NAME: _____ M F

DOB: _____ PHONE: _____

2. PRODUCT INFORMATION

Knee

Right

Left

3. Knee

- 1) _____ Length: Inguinal Crease to Medial Joint of Knee
- 2) _____ Length: Greater Trochanter to Lateral Joint of Knee
- 3) _____ Length: Popliteal Fossa to Posterior Superior Iliac Spine
- 4) _____ Circumference at widest part of Thigh
- 5) _____ Length: Lateral Joint of Knee to Lateral Malleolus
- 6) _____ Circumference at widest part of Calf
- 7) _____ Circumference 1: proximal to Malleoli

4. Fax measurements, face sheet (with insurance information) and RX.

