

# V-TEC CUSTOM ORDER FORM

## **PATIENT INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Occupation: \_\_\_\_\_ Physical Activities: \_\_\_\_\_

## **DIAGNOSIS**

Leg:  Right      Instability:  ACL       MED. COL. (use Acl model)       Medial O.A. (varus condition)  
 Left       PCL       LAT. COL. (use Acl model)       Lateral O.A. (valgus condition)

Date & Type of surgeries (if any): \_\_\_\_\_

Patient casted by: \_\_\_\_\_ Phone: \_\_\_\_\_

## **BRACE DESIGN**

Acl       Sport Cut Top       Reinforce Top  
 Pcl       Sport Cut Bottom       Reinforce Bottom  
 Medial OA (Varus Condition)       Lateral OA (Valgus Condition)

## **BRACE LENGTH**

Thigh:  7"       8"       PCL Strap  
Tibia:  6"       7"       8"  
Tibia Shell:  Anterior Shell       Posterior Shell

## **LINER**

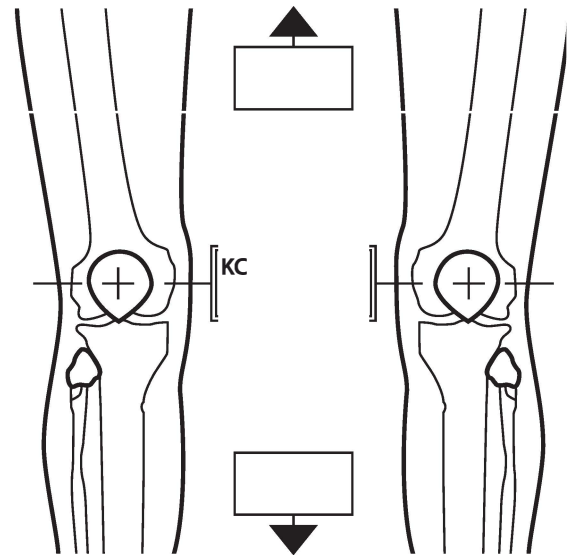
Evazote       Anti-Migration Neoprene

Extension Stops: \_\_\_\_\_ °      Flexion Stops: \_\_\_\_\_ °

(\*if no indication, brace will be set at standard 0° extension)

Notes:

Use drawings to indicate special instructions



**COLOR OPTIONS:** Color #: \_\_\_\_\_ 1. Black 2. Navy Blue 3. Beige 4. Red 5. White 6. Transfer Pattern

## **BILLING OPTION:**

P.O.#: \_\_\_\_\_ Account #: \_\_\_\_\_

Bill to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

## **SHIPPING INSTRUCTIONS:**

Ship to: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov./State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Shipping:  Ground       Express

5545 St. Jacques O. Montreal, QC H4A 2E3

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