Epic3D
BY BERRETTA MEDICAL INC.

CUSTOM ORDER FORM
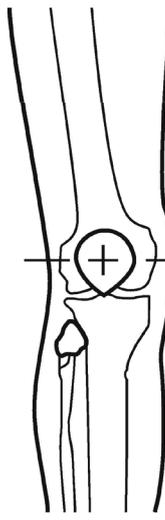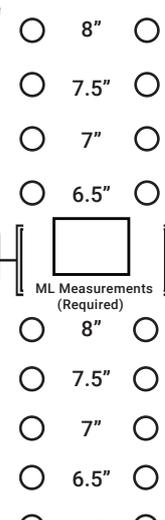### www.bmiortho.com

PATIENT INFORMATION

Last Name: _____ First Name: _____

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

Leg: ☐ Right   Ligament instability ☐ ACL   ☐ MED. COL.   OA instability   ☐ Medial O.A. (varus condition)

☐ Left   ☐ PCL   ☐ LAT. COI.   ☐ Lateral O.A. (valgus condition)

Patient scanned by: _____   Email: _____

LIGAMENT BRACE DESIGN

☐ ACL   ☐ MCL

☐ PCL   ☐ LCL

OA BRACE DESIGN

☐ Medial Unloading   ☐ Degree of correction _____
                              (Defaut 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

NOTES

DESIGN YOUR CUSTOM TRIMLINES

	Right Leg			Left Leg	
Lateral Length		Medial Length	Medial Length		Lateral Length
○ 8"		○ 8" ○	○ 8"		8" ○
○ 7.5"		○ 7.5" ○	○ 7.5"		7.5" ○
○ 7"		○ 7" ○	○ 7"		7" ○
○ 6.5"		○ 6.5" ○	○ 6.5"		6.5" ○

ML Measurements (Required)

Lateral Length		Medial Length	Medial Length		Lateral Length
○ 8"		○ 8" ○	○ 8"		8" ○
○ 7.5"		○ 7.5" ○	○ 7.5"		7.5" ○
○ 7"		○ 7" ○	○ 7"		7" ○
○ 6.5"		○ 6.5" ○	○ 6.5"		6.5" ○
○ 5"		○ 5" ○	○ 5"		5" ○

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

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