



Date _____

Name (Patient) _____ Age _____

Contact Name _____

Contact Phone _____ Contact Email _____

ALL MEASUREMENT FIELDS ARE REQUIRED

Measurement Key

Length =

Circumference =

Instructions

- Measurements should be in centimeters.
- All boxes must be filled in.
- Measure knee at 15 degrees flexion.**

Top of Thigh to Mid Knee

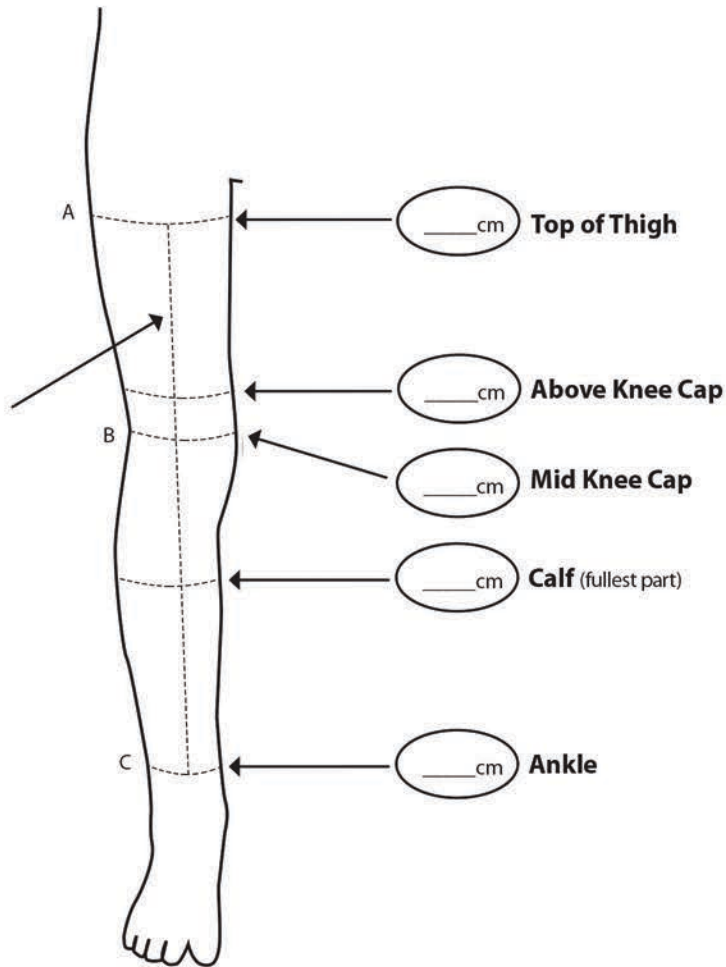
cm

Line A - B

Mid Knee to Ankle

cm

Line B - C



Quantity

Options

Additional Comments

Color BLACK ROYAL BLUE WHITE

Layers SINGLE DOUBLE

Please include a copy of the order form along with your custom measurement form.