



Custom Knee Brace Order Form



Phone: +46 (0)8 410 621 00
E-Mail: order@embreis.com

Fax: +46 (0)8 410 621 01
Website: www.embreis.com

BILL TO		SHIP TO (IF DIFFERENT)			SHIPPING METHOD	
Customer #	PO #	Name:			Shipped using FedEx Ground (preferred shipper) unless alternate method is selected below: <i>(additional charges may apply to the following shipping methods)</i> <input type="checkbox"/> Saturday <input type="checkbox"/> 2 nd Day <input type="checkbox"/> Next Day Early AM <input type="checkbox"/> 3 rd Day <input type="checkbox"/> Next Day AM - Priority <input type="checkbox"/> Ground <input type="checkbox"/> Next Day PM - Standard <input type="checkbox"/> FedEx <input type="checkbox"/> UPS	
Contact:	Tel #	Address:				
Name:		City:	State:	Zip:		
Address:		Notes/Special Instructions:				
City:	State:	Zip:	<input type="checkbox"/> Bilateral <input type="checkbox"/> New Account <input type="checkbox"/> Hot			

PATIENT INFORMATION				
Patient Name:		Age:	Height (cm):	Weight (kg):
Diagnosis:		Phone:		Affected Leg: <input type="checkbox"/> Left <input type="checkbox"/> Right Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Instability/Deficiency: <input type="checkbox"/> ACL <input type="checkbox"/> PCL/CI <input type="checkbox"/> MCL/LCL/Meniscus <input type="checkbox"/> Patellofemoral Pain <input type="checkbox"/> None (Prophylactic Use) OA (Osteoarthritis): <input type="checkbox"/> Medial Compartment (Varus Condition) <input type="checkbox"/> Lateral Compartment (Valgus Condition)				

PATIENT MEASUREMENT		Measurements taken by:	
BREG TOOL		Phone:	
<input type="checkbox"/> Cast	Thigh Circumference:	Knee Offset:	
Please mail Cast Molds for these braces to: Breg, Inc. 2885 Loker Ave East, Carlsbad, CA 92010		Calf Circumference:	Knee Width:

FUSION® BRACE INFORMATION		FUSION BRACE COLOR INFORMATION		FOR OFFICE USE ONLY	
<ul style="list-style-type: none"> All Fusion OA Plus braces are medial unless Fusion Lateral is selected 10 degree stop installed 		<ul style="list-style-type: none"> Default color = black 			
Fusion Medial <input type="checkbox"/> Standard Hinge 01207 <input type="checkbox"/> OA Plus 01221 Fusion Lateral <input type="checkbox"/> OA Plus 01302 Fusion Women's <input type="checkbox"/> Standard Hinge 01201 <input type="checkbox"/> OA Plus 01223 Fusion XT <input type="checkbox"/> Standard Hinge 01200 <input type="checkbox"/> OA Plus 01226 Fusion Women's White <input type="checkbox"/> Standard Hinge 01203 <input type="checkbox"/> OA Plus 01224 Solus® Medial <input type="checkbox"/> OA Plus 19104	Fusion Medial Color <input type="checkbox"/> Standard Hinge 01209 <input type="checkbox"/> OA Plus 01222 Fusion Lateral Color <input type="checkbox"/> OA Plus 01303 Fusion Women's Color <input type="checkbox"/> Standard Hinge 01214 <input type="checkbox"/> OA Plus 01225 Fusion XT Color <input type="checkbox"/> Standard Hinge 01215 <input type="checkbox"/> OA Plus 01227 Solus Medial Color <input type="checkbox"/> OA Plus 19105 <i>*72 hr turnaround on Fusion custom Pantone/custom pattern orders</i>	Color Options <input type="checkbox"/> Forest <input type="checkbox"/> Orange <input type="checkbox"/> Navy <input type="checkbox"/> Pink <input type="checkbox"/> Royal <input type="checkbox"/> Yellow <input type="checkbox"/> Sage <input type="checkbox"/> Mauve <input type="checkbox"/> Red <input type="checkbox"/> Custom Pantone <hr/> Additional charge for color or pattern Pattern Options <input type="checkbox"/> Flames <input type="checkbox"/> Camouflage <input type="checkbox"/> Flag <input type="checkbox"/> Ripples <input type="checkbox"/> Custom Pattern Notes: _____	<input type="checkbox"/> Color Enhancement 03161 <input type="checkbox"/> Pattern Enhancement 03162 <input type="checkbox"/> Custom Color/Pattern 03163 <hr/> BRACE ACCESSORIES <ul style="list-style-type: none"> Stop Tree Kit included <input type="checkbox"/> Slide Guard, M/L 22000 <input type="checkbox"/> Slide Guard, XL/XXL 22001 <input type="checkbox"/> Extra Brace Bag 70069 <i>(1 per brace included)</i> <input type="checkbox"/> Cotton Undersleeve 0985X <input type="checkbox"/> Neoprene Undersleeve 0735X <input type="checkbox"/> Sports Cover 15" 1099X <i>(X2K, Axiom Elite, Thruster)</i> <input type="checkbox"/> Sports Cover 13" 1008X <i>(Fusion, Quantum, Z-12, Z-13, 20.50)</i> <input type="checkbox"/> Silicon Strap (1 yard) 75070 <i>*For sizes large and above, silicone strap = 2 yards</i> <input type="checkbox"/> Patella Guard, Hi Activity Pad JK009305 <input type="checkbox"/> Patella Guard, Everyday Pad JK009315 <input type="checkbox"/> Patella/Femoral Guard, Hi Activity Pad JK009405 <input type="checkbox"/> Patella/Femoral Guard, Everyday JK009415 <input type="checkbox"/> VIP Brace Bag 70056 <input type="checkbox"/> Extra Stop Tree Kit 10350 <input type="checkbox"/> Suspension Strap 76517		
X2K® BRACE INFORMATION <ul style="list-style-type: none"> Available in black only Brace bag not included X2K <input type="checkbox"/> PTO w/ Adj Hinge 20025 <input type="checkbox"/> Custom w/ Adj Hinge 20002 Compact X2K <input type="checkbox"/> Standard Hinge 20019 <input type="checkbox"/> Adjustable Hinge 20020	QUANTUM™ OA BRACE INFORMATION <ul style="list-style-type: none"> 0 degree stop installed Color = dark gray Quantum OA <input type="checkbox"/> Custom 100510	Installed Stop: <input type="checkbox"/> Extension _____° <input type="checkbox"/> Flexion _____°			

Any fitting of a custom knee brace must be done in accordance with your state's orthotic licensure requirements.

PATIENT NAME

PATIENT MEASUREMENT			
Measurements taken by:		Please mail Cast Molds for these braces to:	
Phone:	<input type="checkbox"/> Cast <input type="checkbox"/> AOP	Breg, Inc. 2601 Pinewood Dr., Grand Prairie, TX 75051	
FIT KIT MEASURING SYSTEM DATA (See "How To Measure" instructions)		CIRCUMFERENCE MEASUREMENTS	TIBIAL TOOL (6" BELOW MID-PATELLA)
TRACING BOARD	A1: _____ A2: _____		1: _____ 4: _____
	B1: _____ B2: _____		2: _____ 5: _____
	C1: _____ C2: _____		3: _____ 6: _____
	D1: _____ D2: _____		KNEE WIDTH MEASUREMENT
	E1: _____ E2: _____	7" above KC:	Hand Tool:
	F1: _____ F2: _____	3" above KC:	Other (specify):
	G1: _____ G2: _____	3" below KC:	
		6" below KC:	

AXIOM® ELITE BRACE INFORMATION	THRUSTER BRACE INFORMATION	DUO BRACE INFORMATION
Axiom Elite <input type="checkbox"/> Magnesium MG424000 <input type="checkbox"/> Aluminum PK424000 <input type="checkbox"/> Sport PK624000 Axiom-D Elite <input type="checkbox"/> Magnesium MG428000 <input type="checkbox"/> Aluminum PK428000 <input type="checkbox"/> Sport PK628000	Legacy Thruster <i>(Aluminum Only)</i> <input type="checkbox"/> Short 14" TA419000 <input type="checkbox"/> Std 16" TA409000 Thruster RLF <i>(Aluminum Only)</i> <input type="checkbox"/> Short 16" AG061016 <input type="checkbox"/> Std 17" AG061012	DUO <i>(Aluminum Only)</i> <input type="checkbox"/> Short 13" ED312000 <input type="checkbox"/> Std 15" ED112000
		JET® BRACE INFORMATION
		Jet <input type="checkbox"/> Custom KZ114000

Z-12® BRACE INFORMATION	THRUSTER BRACE INFORMATION	DUO BRACE INFORMATION
Z-12 <input type="checkbox"/> Std 13" Magnesium AZ114000 <input type="checkbox"/> Std 13" Aluminum AZ214000 Z-12 D <input type="checkbox"/> Std 13" Magnesium AZ128000 <input type="checkbox"/> Std 13" Aluminum AZ228000	Z-12 OA <input type="checkbox"/> Std 13" Magnesium AZ115000 <input type="checkbox"/> Std 13" Aluminum AZ215000 Degrees of offset (up to 8°) _____° Z-12 Adjustable OA <input type="checkbox"/> Std 13" Magnesium AZ115000-A <input type="checkbox"/> Std 13" Aluminum AZ215000-A	20.50 <input type="checkbox"/> Std 12" Magnesium AG060050 <input type="checkbox"/> Ext 14" Magnesium AG060052 <input type="checkbox"/> Std 12" Aluminum AG260050 <input type="checkbox"/> Ext 14" Aluminum AG260052 20.50 OA <input type="checkbox"/> Std 12" Magnesium AG060054 <input type="checkbox"/> Ext 14" Magnesium AG060055 <input type="checkbox"/> Std 12" Aluminum AG260454 <input type="checkbox"/> Ext 14" Aluminum AG260455 Degrees of offset (up to 8°) _____°

BRACE OPTIONS (For Axiom Elite, Thruster, Jet, Z-12, DUO and 20.50 braces) 0 degree stop installed

COLOR OPTIONS (Additional charge for color or pattern. Default color is 3001 - Jet Black)

Shell color number(s): _____ Shell finish: Gloss Matte *(only applicable for aluminum colors)*
 See color chart for color options. For a two-color brace, list the color number for the top part of the brace first, and the color number for the bottom part second.

Magnesium Colors				
3001 - Jet Black	3017 - Moss Green	3023 - Water Blue	3043 - Grass Green	3067 - Pastel Blue
3011 - Ultramarine Blue	3018 - Pure Orange	3024 - Traffic White	3046 - Signal Yellow	3078 - Light Pink
3013 - Traffic Blue	3019 - Telemagenta	3033 - Black Metallic	3051 - Steel Blue	3071 - Wine Red
3016 - Yellow Green	3022 - Traffic Red	3038 - Silver Metallic	3062 - Sahara Gold	

Aluminum Colors				
2001 - Jet Black	2021 - Brown Red	2031 - Traffic Red Metallic	2040 - Sky Blue	2067 - Pastel Blue
2013 - Traffic Blue	2022 - Traffic Red	2032 - Stardust Blue Metallic	2043 - Grass Green	2069 - Cobalt Blue
2017 - Moss Green	2023 - Water Blue	2033 - Black Metallic	2046 - Signal Yellow	2071 - Wine Red
2018 - Pure Orange	2024 - Traffic White	2036 - Moss Green Metallic	2051 - Steel Blue	2077 - Candy Purple
2019 - Telemagenta	2029 - Traffic Gray Metallic	2038 - Silver Metallic	2062 - Sahara Gold	2078 - Light Pink

PADS ON BRACE	BRACE OPTIONS AND ACCESSORIES (Additional charges may apply)		
<input type="checkbox"/> Everyday (All except Jet) <input type="checkbox"/> High Activity (Axiom Elite, Jet, Z-12, and DUO braces only) Additional Pads: Qty _____	Installed Stop: <input type="checkbox"/> Extension _____° <input type="checkbox"/> Flexion _____° <input type="checkbox"/> "D-Ring" Strap Style <input type="checkbox"/> PCL Strap <input type="checkbox"/> Buckle Strap Style (default if not specified)	<input type="checkbox"/> Patella Guard, Hi Activity JK009305 <input type="checkbox"/> Patella Guard, Everyday Pad JK009315 <input type="checkbox"/> Patella/Femoral Guard, Hi Activity Pad JK009405 <input type="checkbox"/> Patella/Femoral Guard, Everyday Pad JK009415	<input type="checkbox"/> Cotton Undersleeve 0985X <input type="checkbox"/> Neoprene Undersleeve 0735X <input type="checkbox"/> Accessory Pad Kit <i>(no charge)</i> CK004012 <input type="checkbox"/> Gel Condyle Kit <i>(one per kit)</i> KT000007 <input type="checkbox"/> AFO Attachment TK074075 <i>(Thruster RLF Only)</i>

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