

## Order form GENUX 2<sup>®</sup> orthosis

Patient information

Name and/or reference

Date of Birth

Leg side  Left Leg  Right Leg  Both Legs

GENUX 2 Information

Medial compartment osteoarthritis and/or varus instability:

Lateral compartment osteoarthritis and/or valgus instability:

Correction valgus/varus

Comments

Customer information

Company name

Orthotist

Your order number

Desired delivery date

**PAY ATTENTION! Upload the frontal and sagittal photos as an attachment to the email.  
For details read the photo measurement manual at [www.ambroise.nl/en](http://www.ambroise.nl/en)**

[Email](#)