



Warranty:

The frame and Mackie hinge of your brace are covered by a one year limited warranty against defects in materials or craftsmanship soft goods are covered by a six month limited warranty.

Date _____ Date Needed _____ P.O. # _____

BILLING INFORMATION

Facility _____ Contact Name _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

SHIPPING INFORMATION

Facility _____ Shipping Address _____
City _____ State _____ Zip _____
Phone _____ Fax _____

SHIP VIA FEDEX

Ground (FXGD) Standard 2 Day (FX2D) Priority (FX1D) 1st Overnight (FX1A) Other

PATIENT INFORMATION

Name _____ Height _____ Weight _____ Age _____
Physician _____ Diagnosis _____
Special Instructions: _____

Prefabricated Elbow Flexion/Extension Brace

(with removable knob) -
See size chart on back for measurements.

KNOB: Medial Lateral

LEFT RIGHT
 Small Small
 Medium Medium
 Large Large

Prefabricated Knee Flexion/Extension Brace

(with removable knob) -
See size chart on back for measurements.

Universal fit.
Design can be applied to right or left leg.

Small _____ **Medium** _____ **Large** _____

Hip Abduction Orthosis

See size chart on back for measurements.

Pelvic Assembly

Left Right

Thigh Assembly

LEFT RIGHT
 Small Small
 Medium Medium
 Large Large

Elbow Hyperflexion Sling/Brace

Left Right

Prefabricated Wrist Pronation/Supination Brace

(with removable knob)

Universal fit.
Design can be applied to right or left arm.

Prefabricated Wrist Flexion/Extension Brace

(with removable knob)
See size chart on back for measurements.

LEFT RIGHT
 Small Small
 Medium Medium