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Access form online at www.benik.com/knee-ext-wrap-order-form

PATIENT:

Name

Age* Height Weight

*Age is a significant indicator of proper sizing, particularly for pediatrics.
We highly recommend including age to ensure order accuracy.

PRODUCT:

Leg: ☐ Left ☐ Right ☐ Pair

Color: 1st Choice 2nd Choice

FLEXION:

A custom flexion cut is required to achieve 60° of flexion or greater.

☐ 30° to 60° Flexion ☐ 60° to 80° Flexion

MOLD TO CAST:

Provide a thin fiberglass cast for Benik to pre-mold the product to during fabrication, including for significant flexion. Measurements required.

☐ Mold to Provided Cast

Provide complete measurements in to the nearest 1/8". Place knee in full extension when measuring.

Note: Product angles up toward lateral side at proximal end.

Lateral Side

Length:
Out-seam

Circumference:
Mid-thigh

Circumference:
Proximal end

Length: Proximal
end to knee

Circumference:
Knee

Medial Side

Length: Distal
end to knee

Circumference:
Calf

Circumference:
Distal end

THERMOPLASTIC COVERAGE:

Standard thermoplastic coverage provides 75% circumference of the limb. Include details if alternate thermoplastic coverage is needed.

Do not write outside the margins when faxing

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