

FAX TO: 1-360-692-5600 EMAIL TO: info@benik.com

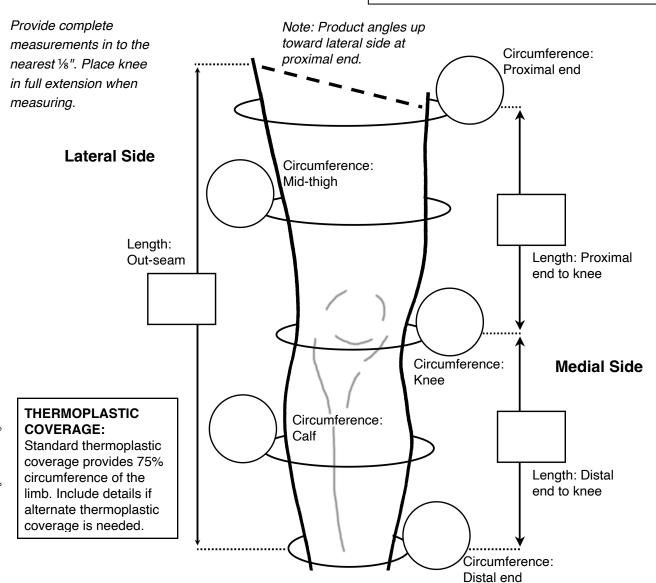
Knee Extension Wrap Order Form

	Zip
☐ Same as BILL TO	
	_ Zip
	FaxStateSame as BILL TO

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

	DAIC.	
PATIENT:		
Name		
Age* Height *Age is a significant indicator of proper sizing We highly recommend including age to ensu	g, particularly for pediatrics.	
PRODUCT: Leg: □ Left □ Right □ Pair		
Color: 1st Choice 2nd	d 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



Do not write outside the margins when faxing