

DATE:

**BILL TO:**  
 Name \_\_\_\_\_  
 Account# \_\_\_\_\_ PO# \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SHIP TO:**     Same as BILL TO  
 Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**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:**  
 < 30° flexion    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

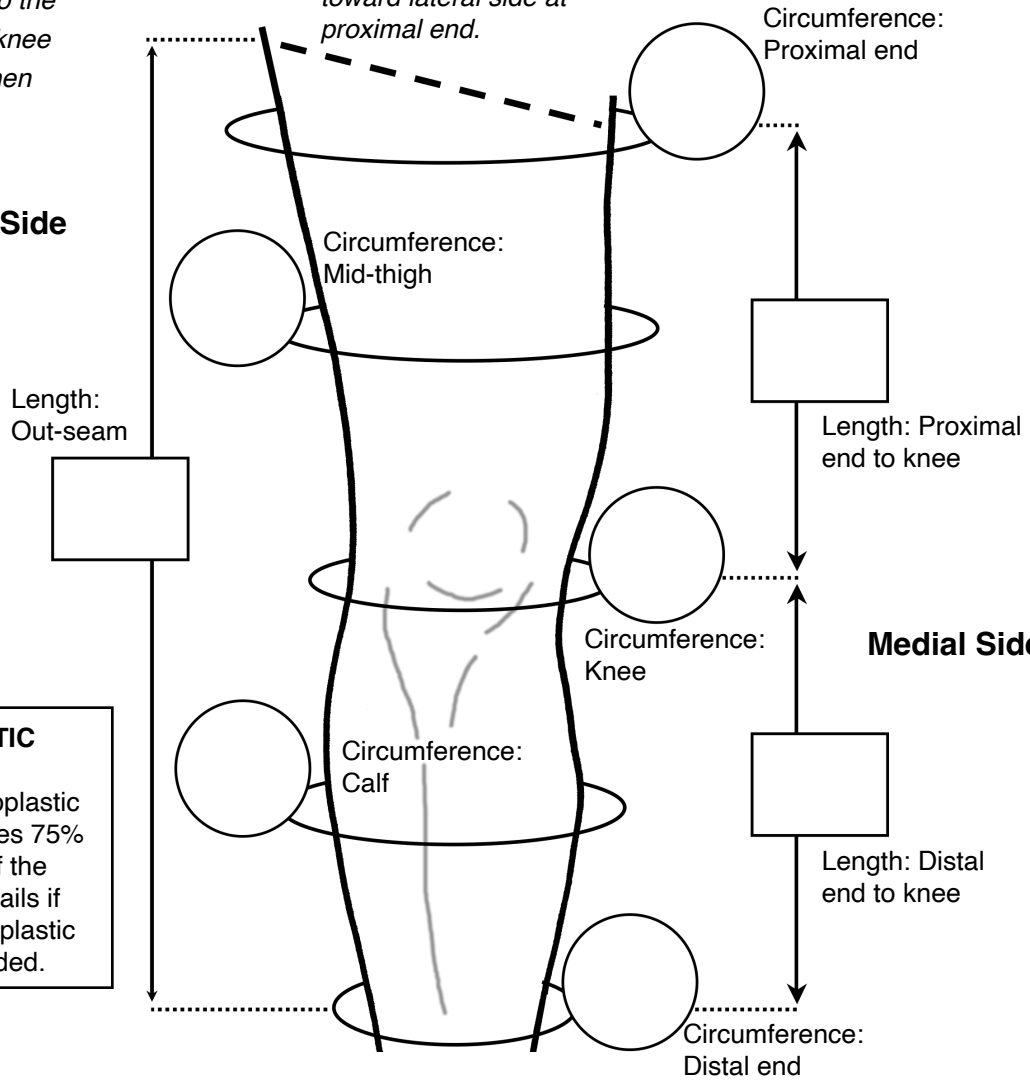
Access form online at [www.benik.com/knee-ext-wrap-order-form](http://www.benik.com/knee-ext-wrap-order-form)

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**

**Medial Side**



**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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