

MADE TO MEASURE FORM Custom Knee

NB: To meet Medical Device Regulations It is the responsibility of the suitably qualified Health Practitioner to provide full specification/design criteria for a Custom Made Medical Device.

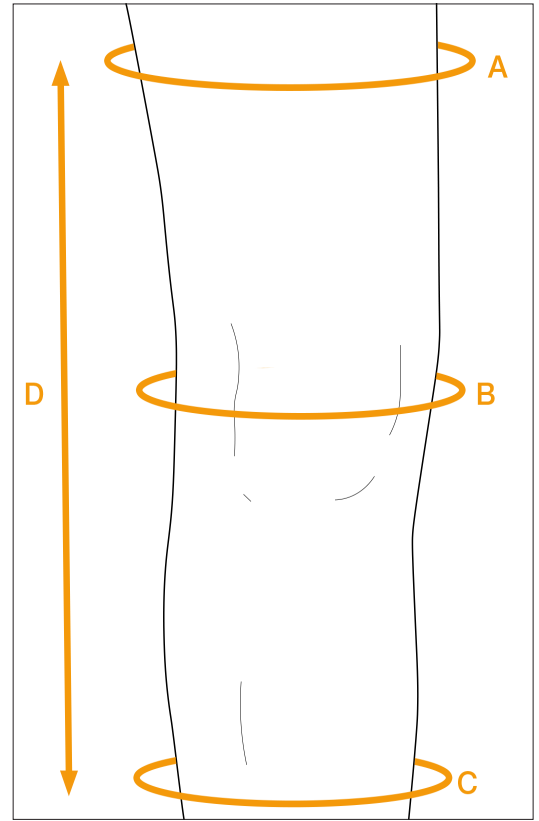
Measurements

A Thigh circumference (mm)

B Knee circumference (mm)

C Calf circumference (mm)

D Length of brace (mm)



Product Information

Product Based on

Material

Side Left Right

Straps Yes No if yes how many

Style Pull on Wrap around

Supports Hinge Spiral stay Rigid steel

Buttress Yes No

Buttress Options

Inferior Superior Medial Lateral Full buttress

Additional Instructions

Order Information

Order number

What condition/s is the brace for

Patient Name

Hospital

Department

Email

Please complete this form and send it along with your purchase order to our customer service team at: info@beagleortho.com