

ORDER FORM

KNEE ORTHOSIS (KO)

1. Company address/Company stamp

Phone

Date

Commission

E-Mail (Confirmation of receipt and tracking number)

Responsible staff

Signature

2. User details

Has been pre-supplied with a product of ours: yes no If „yes“ _____
S.-Nr./Date

Date of birth

User height

User weight

Version: a pair only left only right

Activity level: 1 2 3 4

Diagnosis:

Additional input:

Important Notes:

1. Together with the completed order form we need a rectified and **smooth** plaster positive. Alternatively send a rectified CAD-file to 3d@casimo-ot.de. A draped check-orthosis to define trim lines and velcro strap positions supports a perfectly fitting device.
2. In case the orthosis includes joints, please set the **pivot point** with the recommended tools from the manufacturer.
3. Please mark the position and the trim lines with a permanent marker the check orthosis or with a **lead pencil** on the plaster.

ORDER FORM

KNEE ORTHOSIS (KO)

3. Execution details:

Please note: In case there is no selection chosen, our team will follow the steps highlighted in „blue“

Knee joint: unilateral bilateral

Production technique: anchor fully embedded joint remains free detachable (unilateral only)

Design form: Attachments OS: dorsal ventral Overlay US: dorsal ventral

Padding OS + US: yes no **Padding thickness:** 4 5 6

Padding color: black blue yellow red white pink

Plastic parts: yes no **Material:** Copolymer PP PE **Thickness:** 2 3 4

Plastic color: _____ **Carbon color:** _____
(transfer paper, please see casimo-ot.de) (decorative fabric, please see casimo-ot.de)

Trimming: Casimo-Style according to your drawings **Velcro strap color:** black white blue yellow red