OAK™ ORTHOSIS

Fillauer LLC
2710 Amnicola Highway
Chattanooga, TN 37406
1-800-251-6398 • F: 423-629-7936
www.fillauer.com

Hosmer
561 Division Street
Campbell, CA 95008
1-800-827-0070 • F: 408-379-5263
www.hosmer.com

FACILITY INFORMATION

Account Name: _____ Address: _____

Account No.: _____ _____

P.O.: _____ City: _____

Practitioner: _____ State: _____ Zip: _____ Date: _____

SHIPPING INFORMATION

☐ **Same as above**

Address: _____

_____

City: _____

State: _____ Zip: _____

☐ **UPS Red (Overnight)** ☐ **UPS Blue (2 Day Air)**

☐ **UPS 3 Day** ☐ **UPS Ground**

☐ **Other:** _____

PATIENT INFORMATION

Name: _____ ☐ Male ☐ Female

Age: _____ Height: _____ Weight: _____

Affected Side: ☐ Right ☐ Left ☐ Bilateral OA Affected Compartment: ☐ Medial (30° Total Unloading) ☐ Lateral (6° Total Unloading)

OFF THE SHELF

Circumference 6" above knee center for upper
Circumference 6" below knee center for lower
Knee should be fully extended during measurements

Upper Size: _____ ☐ Comfil® TFC

Lower Size: _____ ☐ Kydex®

☐ ABS

☐ Short ABS

	Upper Cuff Range		Lower Cuff Range	
Small	15"-18"	38-46cm	12"-15"	30-38cm
Medium	18"-22"	46-56cm	15"-17"	38-43cm
Large	22"-25"	56-63cm	17"-19"	43-48cm
Extra Large	25"-29"	63-74cm	17"-19"	43-48cm

Optional custom cuff selection available for mixed upper and lower cuff sizes.

CUSTOM

MATERIALS

☐ Comfil® TFC

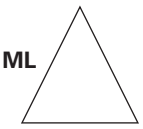
☐ Kydex®

☐ ABS

Other _____

☐ Cast Sent

Knee ML



CIRCUMFERENCE

Left		**Right**
_____	8	_____
_____	6	_____
_____	4	_____
_____	2	_____
Mid-patella = _____	0	_____
_____	2	_____
_____	4	_____
_____	6	_____
_____	8	_____

Special Instructions: _____

_____

Please call if you have any questions.