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Hosmer
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FACILITY INFORMATION

Account Name: _____ Address: _____
 Account No.: _____
 P.O.: _____ City: _____
 Practitioner: _____ State: _____ Zip: _____ Date: _____

SHIPPING INFORMATION Same as above

Address: _____ UPS Red (Overnight) UPS Blue (2 Day Air)
 _____ UPS 3 Day UPS Ground
 City: _____ Other: _____
 State: _____ Zip: _____

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: _____ TFC
 Lower Size: _____ Thermoplastic

	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

<input type="checkbox"/> Comfil® TFC	_____ 8 _____
<input type="checkbox"/> Thermoplastic	_____ 6 _____
Other _____	_____ 4 _____
	_____ 2 _____
Mid-patella =	_____ 0 _____
<input type="checkbox"/> Cast Sent	_____ 2 _____
	_____ 4 _____
	_____ 6 _____
	_____ 8 _____

Knee ML



Special Instructions: _____

Please call if you have any questions.