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## **EXTENSION ASSIST KNEE** ORDER FORM

Company Name:

Practitioner Name:

M Address:

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A

N

Zip: State: City:

Phone: Fax:

**EXTENSION ASSIST KNEE ORTHOSIS** 

Email:

PO#: Acct#: Date:

Billing Address:

City: State: Zip: Payment: On Acct. Check Credit Card

Credit Card Type: Discover Visa MC **AMEX** 

Name on Card:

Card#:

Security Code: Exp Date:

**SHIPPING** Ground 2nd Day AM Next Day 3rd Day 2nd Day Next Day AM Next Day Saver

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N

G

## **EXTENSION ASSIST ORDERING**

Product #	Size	Side	Calf Circumference	Thigh Circumference	Max Knee Width	Qty.
CRK-7-XSR	X-Small	Right	12"-13"	15"-16"	4"	
CRK-7-XSL	X-Small	Left	12"-13"	15"-16"	4"	
CRK-7-SR	Small	Right	13"-14"	17"-18"	4 1/4"	
CRK-7-SL	Small	Left	13"-14"	17"-18"	4 1/4"	
CRK-7-MR	Medium	Right	14"-15"	19"-20"	4 1/2"	
CRK-7-ML	Medium	Left	14"-15"	19"-20"	4 1/2"	
CRK-7-LR	Large	Right	15"-16"	21"-22"	4 3/4"	
CRK-7-LL	Large	Left	15"-16"	21"-22"	4 3/4"	
CRK-7-XLR	X-Large	Right	16"-17"	23"-24"	5"	
CRK-7-XLL	X-Large	Left	16"-17"	23"-24"	5"	
CRK-7- CR	Custom	Right	*Custom to Measurement, Scan, or Cast			
CRK-7- CL Custom Left *Custom to Measurement, Scan, or Cast					t	

