



39-28 Crescent Street  
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## Knee Orthosis RX

Account: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Practitioner Name: \_\_\_\_\_

Date: \_\_\_\_\_ P.O. Number: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_

Patient Name: \_\_\_\_\_ M  | F

Patient Weight: \_\_\_\_\_ Left **OR** Right? Height: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Principal Reason for the KO: \_\_\_\_\_

Activity Level: \_\_\_\_\_

Is patient currently: Ambulatory? **OR** Non-Ambulatory?

### Upright

- Single
  - Lateral compartment (hinge on Lat side)
  - Medial compartment (hinge on Med side)
- Double

### Material

- Co-Poly  Polypro
- Thickness:  1/8  5/32  3/16
- Color: \_\_\_\_\_

### Joint

- Free Motion  Drop Lock
- Adjustable  Other: \_\_\_\_\_

### Pull Strap (at knee)

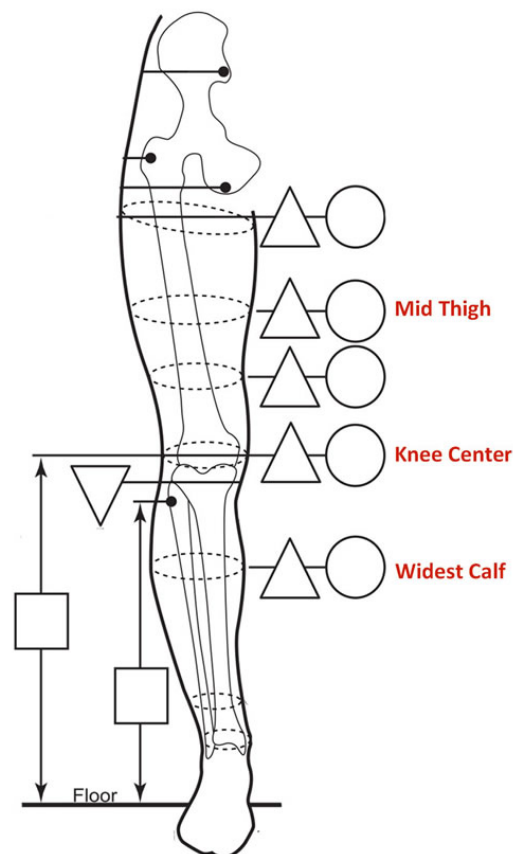
- No  Yes
- Condyle Pad
  - Medial - Lateral
  - OR**
  - Lateral - Medial

### Lining

- Upper (thigh)
  - Plastazote  Volora  Other \_\_\_\_\_
- Lower (tibia)
  - Plastazote  Volora  Other \_\_\_\_\_

### Waist Belt

- No  Yes
  - Strap
  - OR**
  - Belt



### Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_