



SCHOOL INFORMATION

School Name _____
 Contact Name _____
 Account Number _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

ATHLETE INFORMATION

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Email _____

CUSTOM KNEE BRACING	SIZING
<input type="checkbox"/> Defiance® <input type="checkbox"/> Defiance® III	Please call 800.336.6569 to have a DonJoy representative measure you.

OFF-THE-SHELF KNEE BRACING	SIZING
<input type="checkbox"/> Armor <input type="checkbox"/> Legend <input type="checkbox"/> Female Fource™ <input type="checkbox"/> Playmaker® <input type="checkbox"/> 4titude® Choose one: <input type="checkbox"/> Left <input type="checkbox"/> Right	Measure thigh circumference 6" above the middle of your knee cap <input type="checkbox"/> XS (13-15.5") <input type="checkbox"/> M (18.5-21") <input type="checkbox"/> XL (23.5-26.5") <input type="checkbox"/> S (15.5-18.5") <input type="checkbox"/> L (21-23.5") <input type="checkbox"/> XXL (26.5-29.5") <input type="checkbox"/> XXXL (29.5-32")

ANKLE BRACING	SIZING
<input type="checkbox"/> Velocity™ Extra Support <input type="checkbox"/> Velocity™ Moderate Support <input type="checkbox"/> Velocity™ Light Support Choose one: <input type="checkbox"/> Left <input type="checkbox"/> Right Choose one: <input type="checkbox"/> Black <input type="checkbox"/> White	Measure calf circumference 8" from ground to determine calf cuff size <input type="checkbox"/> Standard calf cuff (10" & under) <input type="checkbox"/> Wide calf cuff (10" & up) Use shoe size to determine foot plate size <input type="checkbox"/> Small (Men: 8 & under, Women: 9.5 & under) <input type="checkbox"/> Medium (Men: 8-12, Women: 9.5-13.5) <input type="checkbox"/> Large (Men: 12 & up, Women 13.5 & up)

OTHER PREVENTATIVE BRACING PRODUCTS			
Part Number _____	Quantity _____	Part Number _____	Quantity _____
Part Number _____	Quantity _____	Part Number _____	Quantity _____

BILLING INFORMATION	SHIPPING INFORMATION
Name _____ Address _____ City _____ State _____ Zip _____ Work Phone _____ Home Phone _____ Credit Card: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX <input type="checkbox"/> DISCOVER Credit Card # _____ Credit Card Expiration Date _____ <small>An invoice and receipt will be mailed to you after the order has been processed.</small>	Check one or fill in different address <input type="checkbox"/> Billing Address <input type="checkbox"/> Athlete Address <input type="checkbox"/> School Address <input type="checkbox"/> Other: Ship to address below Name _____ Address _____ City _____ State _____ Zip _____ Signature _____ Date _____

ORDER BY MAIL	ORDER BY FAX	ORDER BY PHONE	FOR OFFICE USE ONLY:
dj Orthopedics Attn: Maureen Rotunno 2985 Scott Street Vista, CA 92081	dj Orthopedics Attn: Maureen Rotunno FAX: 800.936.6569	PH: 800.336.6569	Order Date: _____ Taken By: _____ Order#: _____ Brace#: _____