

Last name:

First Initial:

Bilateral

Practitioner:

Facility:

Left only

FLOOR TO HEIGHT MEASUREMENTS

PROXIMAL

LATERAL

PROXIMAL MEDIAL

DISTAL

THIGH

CALF

DISTAL CALF

SAGITTAL KNEE CORRECTION

Correct to neutral

CORONAL KNEE CORRECTION

Correct to neutral

**KNEE CENTER** (Please Mark)

Right only

All me

in this box.

Enter custom height

Construction • Features • Options

P. ID.

var lent

**HiTek Fab** 222 Turner Blvd, St. Peters, MO 63376 ph (636) 385-6370 www.HiTekFab.com

Please change to your

ters (mm)

LEGEND

Length Circumf.

Do not correct

Do not correct

name if necessary

(Thermoplastic Order Form)



NOTE: If you don't choose an option, you will receive the Standard.

### Style

Single Upright	
Contracture	

# **Joint Size**

Size to Patient (Standard) Adult HiTeks (carbon)\*

Other (specify in special instructions)

Double Upright\*

Functional

Pediatric

## **Knee Joints**

Drop Locks **Ball Retainers** Ratchet Lock\*

Bail Lock\*

Ultra Light Remote Trigger\* Stainless Steel

If you do not choose any Knee components: Free motion Double Upright Aluminum with Droplocks is STANDARD.

## Liner Pads

3 mm

5 mm

Accessories

Growth Extensions\*

Knee Pad\* (choose 4 or 5 buckle)

Rush order\* (Extra Charge)

4 Buckle\*

5 Buckle\*

**Special Instructions** 

Transfer Pattern:\* Pattern:

White is Padding Color: Standard **More Configuration Items** TONGUE

**Knee Cast Correction** 

Correct to

Flexion

Extension

Varum

□Valgum

- Calf Section
- Thigh Section

КО Туре

Metal and Leather

Plastic

Plastic Type

**Plastic Thickness** 

