



Join the Club!

Preventative Bracing Program—Order Form

School Information

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

Athlete Information

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

CUSTOM KNEE BRACING	SIZING
<input type="checkbox"/> Defiance <input type="checkbox"/> Defiance III	Please call 866.366.5691 to have a Miotech representative measure you.

OFF-THE-SHELF KNEE BRACING	SIZING
<input type="checkbox"/> Armor <input type="checkbox"/> Female Fource™ <input type="checkbox"/> 4titude® Choose One: <input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> Legend <input type="checkbox"/> Playmaker® 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 (29.35-32")

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 determined 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 7 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 _____	Check one or fill in a 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
Miotech Orthopedic Group Attn: Pam Kuffer 2373 Cedar Park Drive Holt, MI 48842	Miotech Orthopedic Group Attn: Pam Kuffer FAX: 877.272.1941	PH: 866.366.5691	Order Date: _____ Taken By: _____ Order #: _____ Brace #: _____