CTI PATIENT DATA FORM

☐ CMS ☐ PATIENT CAST

☐ DMS FILE ☐ CAD FILE (AOP)

REQUIRED PATIENT INFORMATION

LAST NAME: **FIRST NAME:**

PHONE:

HEIGHT: cm ft in. **WEIGHT:** kg lbs **SEX (M/F):**

PRESCRIBED BY: / / **AGE:**

NAME SPECIALTY PHONE

DEGREES OF EXTENSION TO BE INSTALLED (Default is 0-10°): ☐ 0 ☐ 5 ☐ 10 ☐ 15 ☐ 20 ☐ FLEXION STOP KIT (0-90) install:

DIAGNOSIS/SYMPTOM: ☐ LEFT KNEE ☐ RIGHT KNEE ☐ BILATS

PLEASE SPECIFY CTI MODEL, THEN SELECT ADDITIONAL NEEDS - A COLOR MUST BE SPECIFIED

CTI MODEL:

☐ **VAPOR**

☐ **STANDARD**

☐ **PRO SPORT**

☐ **OA** Default is 4 degrees
☐ Medial ☐ Lateral

☐ **PCL** (kit will be added)
Additional fee

☐ **SUPER SHORT**
Recommended for 5'3" or less

COLORS:

Default is black

☐ **Matt** ☐ **Shiny**
☐ Yellow ☐ Silver
☐ Sky Blue ☐ White
☐ Ocean Blue ☐ Champagne
☐ Navy Blue ☐ Pink
☐ Black ☐ Red
☐ Charcoal ☐ Green

CUSTOM DESIGNS:

Additional Fee

☐ Hisbiscus ☐ Sports Equipment
☐ Flag ☐ Camouflage
☐ Flames ☐ Single Color
☐ Metal ☐ 2-color Fade
☐ Sponge ☐ 2-color Half & Half
☐ Celestial ☐ Sports Fan
☐ Other:

OPTIONS:

☐ D-rings on outside of brace
☐ D-rings on inside of brace

☐ Riveted on the inside of brace
☐ Riveted on the outside of brace
☐ Screwed on the Inside of brace
☐ Screwed on the outside of brace

ACCESSORIES:

☐ MX kit ☐ Patella cup

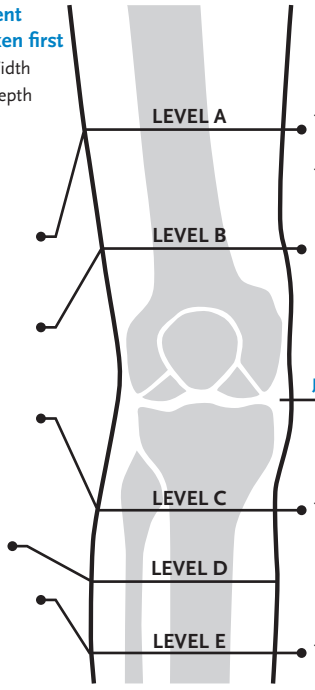
MEASUREMENTS - ALL 23 REQUIRED PLEASE. CALIPER MEASUREMENT (#23) SHOULD BE TAKEN FIRST.

Caliper Measurement (#23) should be taken first

1. _____ Hinge Width
2. _____ Hinge Depth

LATERAL MEASUREMENTS

3. _____ Contour
4. _____ A-P
5. _____ Contour
6. _____ A-P
7. _____ Contour
8. _____ A-P
9. _____ Tibia
10. _____ Tibia
11. _____ Contour
12. _____ A-P
13. _____ Tibia



MEDIAL CONTOURS

14. _____ contour
15. _____ contour
16. _____ contour
17. _____ contour

JOINT SPACE

23. _____
caliper measurement at joint space [1.6-2.0cm less than #1] Take measurement in a weight bearing position at full extension

CIRCUMFERENCES (IN CM)

18. Level A _____
19. Level B _____
20. Level C _____
21. Level E _____
22. Distal Border of Patella _____

SKI BOOT MEASUREMENT

[Required for Ski Boot Attachment]
cm / in from the distal border of the patella to the top of the ski boot
Attachment not available if the measurement is less than 7 inches

SPECIAL CONDITIONS

VARUS: _____ ° VALGUS: _____ °

☐ Prominent: ☐ VMO ☐ VLO
☐ Hockey Quads
☐ Prominent Tibialis Anterior
☐ Prominent Fibularhead
☐ RTM (Rounded Tibial Member)
☐ Osgood-Schlatters Disease
☐ Shorten Femural Component
☐ 0,5" ☐ 1,0" ☐ 1,5"
☐ Shorten Tibial Component
☐ 0,5" ☐ 1,0" ☐ 1,5"

NEW MANDATORY ORDER INFORMATION REQUIRED

Check to receive with initial order, free of charge:

☐ AMS Wrap:
☐ Neoprene
☐ Evazote
☐ Sof Sleeve

SPECIAL INSTRUCTIONS

_____
_____
_____
_____

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