

Dimension sheet lower extremity

For orders please copy and send filled in form to:
 E-Mail: info@albrechtgmbh.com
 Fax: 08051-961 29 30

Order Quotation

Date: _____

Medical supply store: _____

Customer ID: _____

Orthopaedic technician: _____

Patient ID: _____

Side

Left Right

Product name

- Hypex® Lite Knee Brace
- Jack PCL Brace
- CDS® Knee Brace
- CDS® Lock Knee Brace
- CDS® Knee Brace Amputation
- CDS® Ankle Brace
- CDS® Ankle Brace Neuro
- CDS® Combination Brace Knee-Ankle
- CDS® Lock Combination Brace
Knee-Ankle
- other: _____

Direction of spring force (for CDS®)

Knee Extension Flexion

Ankle Dorsal extension Plantar flexion

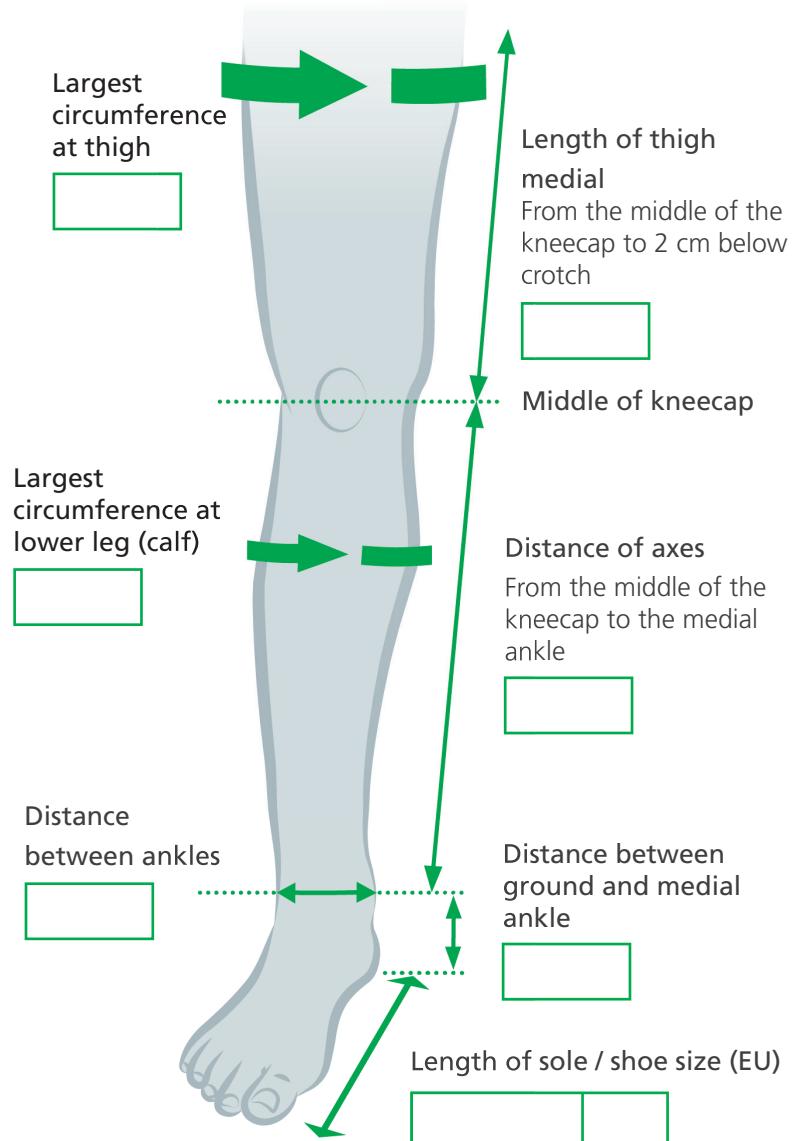
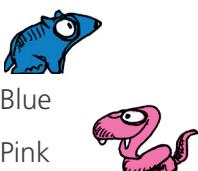
For children

Colour

- Green
- Orange



- Blue
- Pink



Technical implementation (to be filled in by albrecht)

- Size modification
- Modular adaptation

Art.-No.: _____

Approval: _____