

Patient's Name:

N°File :

Applicator :

N°apparatus :

Society/Establishment :

Order Date :

Test :

Delivery :

Age:            Weight:

Activity: Weak

Medium

Strong

Side: L R

Tonic :        Yes No

Activity/sport:

Manufacturing Support		Type of Structure		Knee Joint	
<input type="checkbox"/>	Anterior Valve of thigh	<input type="checkbox"/>	Btx <sup>®</sup> (all activity)	<input type="checkbox"/>	Internal
<input type="checkbox"/>	Posterior Valve of thigh	<input type="checkbox"/>	Btx (skiing)	<input type="checkbox"/>	External
<input type="checkbox"/>	Anterior Valve of leg	<input type="checkbox"/>	Protective Steel-Capped	<input type="checkbox"/>	Physio joint
<input type="checkbox"/>	Posterior Valve of leg	<input type="checkbox"/>	Gonarthrosis	Designation :	
		Limit in extension: _____°		Supplier:	
		Discharge:		Ref :	
		<input type="checkbox"/>	Internal	<input type="checkbox"/>	External

Color	Varnish	Stuffing			
<input type="checkbox"/>	Carbon/Carbon	<input type="checkbox"/>	Bright	<input type="checkbox"/>	Neoprene 5mm
<input type="checkbox"/>	Texalium	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Tissue 3D
<input type="checkbox"/>	Carbon/Blue	<input type="checkbox"/>	Red	Other:	
<input type="checkbox"/>	Carbon/Grey	<input type="checkbox"/>	Green		
<input type="checkbox"/>		<input type="checkbox"/>	Gold		
<input type="checkbox"/>		<input type="checkbox"/>	Silver		

Other information:

Height on the leg part (following ski boots)

