# ORDER FOR CUSTOM-MADE PRODUCTS

## GenuTrain® P3

BAUERFEIND®

BAUERFEIND.COM

142 142

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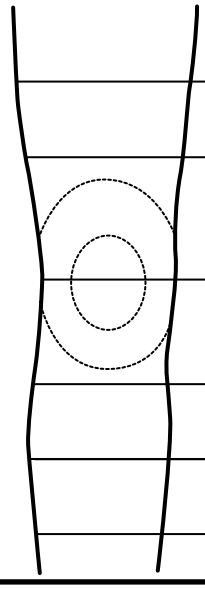
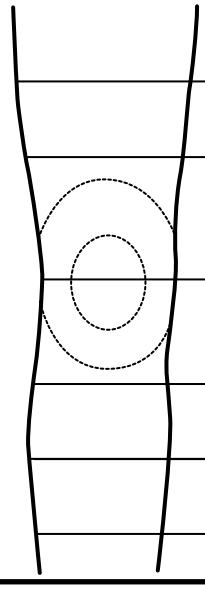
Identifier _____
(e.g. patient name)

☐ **short** **(max. body height approx. 170 cm)**



| Circumferences | Lengths |
|---|---|
| $f^1$ | $e - f^1 = 18$ cm |
| f | e – f |
| e | |
| d | e – d |
| c | e – c |
| $b^e$ | $e - b^e = 15$ cm |

☐ **long** **(min. body height approx. 170 cm)**



| Circumferences | Lengths |
|---|---|
| $f^1$ | $e - f^1 = 22$ cm |
| f | e – f |
| e | |
| d | e – d |
| c | e – c |
| $b^e$ | $e - b^e = 17$ cm |

**Notes:**

- Take measurements while standing, with a slight flexion (30°).
- The lengths are measured on the outside of the leg.

**Please note:**

- **Min. circumference $f^1$ = 39 cm**
- **Min. circumference f = 37 cm**
- **Min. circumference e = 30 cm**
- **Min. circumference $b^e$ = 28 cm**

☐ **Quotation** ☐ **Order**

**Knee**
☐ Right ☐ Left

**Color**
☐ Titan ☐ Nature

**Extras**
☐ Siliconized edge* (add 5 cm to the length)

**Position of the corrective guide**
☐ Standard (lateral) ☐ Alternative option (medial)

**Patient details****
☐ Male ☐ Female
☐ Obese ☐ Pronounced muscles

Age: _____ Height: _____ cm

* Subject to additional charges – please consider the additional length when measuring patients
** Optional; please specify special anatomical features to ensure an accurate fit of the finished product.

The purchaser is responsible for ensuring that all size information is correct.
Custom-made solutions cannot be returned.

**All measurements must be entered to ensure proper treatment.**

$f^1$ Thigh / top edge of the support
f Base of thigh (approx. midpoint between e and $f^1$)
e Middle of knee
d Narrowest point below the knee, approx. 5–6 cm
c (Largest) calf circumference
$b^e$ Bottom edge of the support

Stamp

Customer no. _____

Signature _____

Date _____