

MECHANICAL KNEE TRIAL/LOANER REQUEST FORM

FACILITY INFORMATION

Facility Name:

Prosthetist Name:

Contact Number:

REQUIRED PATIENT INFORMATION

Patient:

TRIAL USE

Trial Use Requested Trial Date:



















UNIT FOR REPAIR / SERVICE

Warranty Repair Service Repair/Service (outside warranty period)

Serial Number:

Reason for Repair/Service:

MECHANICAL KNEES (check one and fill out the options below)
Limit 1 per order. Trial units are available for a 30 day trial prior to purchase.

LOW ACTIVITY	MODERATE ACTIVITY	HIGH ACTIVITY
 <input type="checkbox"/> Total Knee® 1900 	 <input type="checkbox"/> Total Knee® 2000 	 <input type="checkbox"/> Total Knee® 2100 
 <input type="checkbox"/> Balance™ Knee OFM1 	 <input type="checkbox"/> OP5 Knee™ 	 <input type="checkbox"/> Mauch® Knee Plus (166kg) 
<p>LOW TO HIGH ACTIVITY</p>  <input type="checkbox"/> Paso Knee™	 <input type="checkbox"/> OHP3 Knee™ 	<p>NOTES</p>
	 <input type="checkbox"/> Mauch® Knee (136kg) 	
	 <input type="checkbox"/> OP4 Knee™ 