

# 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
 <p>Total Knee® 1900 </p>	 <p>Total Knee® 2000 </p>	 <p>Total Knee® 2100 </p>
 <p>Balance™ Knee OFM1 </p>	 <p>OP5 Knee™ </p>	 <p>Mauch® Knee Plus (166kg) </p>
<p><b>LOW TO HIGH ACTIVITY</b></p>  <p>Paso Knee™</p>  <p>Total Knee® Junior</p>	 <p>OHP3 Knee™ </p>  <p>Mauch® Knee (136kg) </p>  <p>OP4 Knee™ </p>	<p><b>NOTES</b></p>