



BELLACURE
RESTORE YOUR LIFESTYLE

OA Knee Treatment Device Order Form

Bellacure, Inc.
6327 West Marginal Way SW, Bldg. 2 Seattle, WA 98106
Customer Service 800.795.2070 Fax 206.762.2080

Right
Medial Compartment

part no.	size	quantity
10302	xsmall	_____
10306	small	_____
10310	medium	_____
10314	large	_____
10318	xlarge	_____

Left
Medial Compartment

part no.	size	quantity
10303	xsmall	_____
10307	small	_____
10311	medium	_____
10315	large	_____
10319	xlarge	_____

Right
Lateral Compartment

part no.	size	quantity
10301	xsmall	_____
10305	small	_____
10309	medium	_____
10313	large	_____
10317	xlarge	_____

Left
Lateral Compartment

part no.	size	quantity
10304	xsmall	_____
10308	small	_____
10312	medium	_____
10316	large	_____
10320	xlarge	_____

Size	Measurement (in)*	
	6" Above	6" Below
XS	13.5 - 16.5	10.0 - 14.0
S	16.5 - 19.0	12.0 - 16.0
M	19.0 - 21.5	14.0 - 17.0
L	21.5 - 24.5	15.0 - 18.5
XL	24.5 - 30.0	16.5 - 22.0

* Measurement – Taken from mid patella If between sizes select the smaller size.

Note:
The medial or lateral selection is based on the compartment of the knee being treated for the OA condition.

Please visit us online at www.bellacure.com for ordering in the future or send e-mail at orders@bellacure.com.

PO Number: _____

Patient Name: _____

Credit Card



Name on card: _____

Number: _____

Exp: _____

Ship Via: Next Day 2nd Day 3 Day Ground

Bill To:

Ship To:

Company _____

Company _____

Address _____

Address _____

City _____ State _____

City _____ State _____

Zip _____

Zip _____

Attention _____

Attention _____

Email _____

Email _____

Phone _____

Phone _____