

KINEMEDIC CONCEPTS, INC.



(909) 337-3449

(877) 888-9868

PREFABRICATED/ SEMI-CUSTOM ORTHOTICS AND THERAPY AIDS ORDER FORM

**Please mail or Fax completed Payment Information, Release and Order Form to:**

P.O. Box 3220 Blue Jay, CA 92317 - Fax (909) 498-0300

**Payment Information**

Patient Name (If Applicable) \_\_\_\_\_

\*Bill To (Name): \_\_\_\_\_

\*Billing Address: \_\_\_\_\_

Shipping Name and Address (if different): \_\_\_\_\_

\*Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Optional: Contact/Therapist Name: \_\_\_\_\_

Optional: Contact/Therapist Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Optional: Contact/Therapist Email: \_\_\_\_\_

**Payment method:** (please circle)    Check    Credit Card    P.O.# \_\_\_\_\_

Make check payable to **KineMedic Concepts, Inc.** and mail to address above

If paying by credit card please fill out section below -----

\*Type of card, (circle):    Visa    MasterCard    American Express    Discover

\*Amount to be billed to credit card \_\_\_\_\_

\*Credit Card # \_\_\_\_\_ \*Security # on back \_\_\_\_\_

\*Security # on front if AMEX \_\_\_\_\_ \*Expiration Date: \_\_\_\_\_

\*Name on Credit Card: \_\_\_\_\_

\*Billing Address for card: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\* *Required field*

**Must include signed Agreement and Release of Liability (see pg. 2)**

**Note: Do not use this form for custom orders**

# **AGREEMENT AND RELEASE FROM LIABILITY**

## **FOR KINEMEDIC CONCEPTS, INC.**

I, \_\_\_\_\_ (Print Name Here), acknowledge that I voluntarily am purchasing from Neuro-IFRAH® Organization or its designees or agents products and/or equipment.

I am aware that my use of products/equipment from Neuro-IFRAH® Organization (known as products/equipment) or KineMedic Concepts, Inc. is wholly voluntary and my use of products/equipment is done with full knowledge of all possible dangers involved. I hereby agree to accept any and all risk of injury.

I have been guaranteed no specific progress or result. I hereby agree that I, my assignees, heirs, distributee, guardians, and legal representatives will not make a claim against, sue or attach the property of Neuro-IFRAH® Organization, Kinemedic Concepts Inc. or any of their affiliated organizations or the supplier of any equipment or premises used in these activities for injury or damages resulting from the negligence or other acts, or however caused, by any employee, agent or contractor of the Neuro-IFRAH® Organization or KineMedic Concepts Inc., its instructors and trainees and any of its affiliated organizations from all actions, claims or demands that I, my assignees, heirs, distributee, guardians, and legal representatives now have or may hereafter have for injury or damages resulting from my use of products/equipment.

It is strongly recommended that you take a Neuro-IFRAH® course or be under the supervision of someone who has taken a Neuro-IFRAH® course for proper training in the use of the products/equipment.

I have carefully read this agreement and fully understand its context. I am aware that this is a release of liability and a contract between myself and Neuro-IFRAH® and KineMedic Concepts, Inc. and agree to it of my own free will.

I also understand that KineMedic Concepts, Inc. does not bill any insurance, and that if I desire to seek reimbursement from my insurance provider, it is my responsibility to file a claim with them. For Medicare claims, please be advised that we are not a Medicare supplier/provider and if you need to know if Medicare will reimburse you for the items purchased, you may contact them prior to ordering. Your insurance provider may ask for insurance codes for the item(s) you are ordering. Suggested insurance codes can be found on our website at [www.kinemedic.com](http://www.kinemedic.com) using the "Insurance Info" link.

Executed At (City, State) \_\_\_\_\_

Date \_\_\_\_\_

Signature of Patient or Representative \_\_\_\_\_

Printed Name \_\_\_\_\_

## KineMedic Concepts, Inc. Prefabricated/Semi-Custom Orthotics and Therapy Aid Order Form

Product	Price	Size				L/R		Quantity	Total \$
		S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® EWHO	830.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® WHO	460.00	S	M	L	XL	R	L		
Prefabricated Hand Paddle	85.00	S	M	L	XL	R	L		
Prefabricated Articulating Dome Positioning Splint	460.00	S	M	L	XL	R	L		
Prefabricated Dome Positioning Splint	190.00	S	M	L	XL	R	L		
Flat Paddle	10.00	S	M	L	XL	N/A			
Flat Paddle Generic	10.00	S	M	L	XL	N/A			
Flat Paddle Set	38.00	N/A				N/A			
Flat Paddle w/ Straps	55.00	S	M	L	XL	R	L		
						GENERIC			
Hand Positioning Accessory Type 1	35.00	N/A				R	L		
						GENERIC			
Hand Positioning Accessory Type 2	90.00	N/A				R	L		
						GENERIC			
Hand Positioning Accessory Type 3	85.00	N/A				R	L		
						GENERIC			
Hand Positioning Accessory Type 4	20.00	N/A				N/A			
Hand Positioning Accessory Type 5	120.00	N/A				R	L		
						GENERIC			
Hand Positioning Accessory Type 6	180.00	N/A				R	L		
						GENERIC			
Prefabricated Shoulder Support	87.00	N/A				N/A			
Dome	48.00	N/A				N/A			
Knee Anti-Hyperextension Unit Type 1	290.00	N/A				N/A			
Knee Anti-Hyperextension Unit Type 2 (Sizing chart for this product online)	160.00	S	M	L	XL	N/A			
Slider w/ Loops	50.00	N/A				N/A			
Slider w/o Loops	50.00	N/A				N/A			
Knee Immobilizer	280.00	N/A				N/A			
Knee & Elbow Flexion/Extension Assist	490.00	N/A				N/A			
Thumb Up™ Post	40.00	S		L		N/A			
Hip Alignment Assist Unit	675.00	N/A				N/A			
Humeral External Rotator	375.00	N/A				R	L		
Weight Assist Limb Energizer and Exercise Device (WALEED)	1250.00	N/A				N/A			
Walker Extensions	180.00	N/A				N/A			
Neuro-IFRAH® Mini-Mat	540.00	N/A				N/A			
Thoracic Extension Unit	690.00	N/A				N/A			
Easy Active™ Shoulder w/ Base	260.00	N/A				N/A			
Easy Active™ Shoulder w/o Base	175.00	N/A				N/A			
Easy Active™ Shoulder I-Frame	290.00	N/A				N/A			
Easy Active™ Ankle/Foot w/o Base	325.00	N/A				N/A			
Easy Active™ Ankle/Foot w/ Base	375.00	N/A				N/A			
Easy Active™ Pelvis	415.00	N/A				N/A			
Easy Active™ Mobile Shoulder Assist	210.00	N/A				N/A			
Easy Active™ Foot Eversion Assist	150.00	N/A				N/A			
Casting Kit	28.00								
SUBTOTAL									
Total from Additional Options Page (see page 4)									
SUBTOTAL									
**Package Discount (5% off for ordering 5+ items or 10% off for ordering 10+ items)									
SUBTOTAL									
*Certified Neuro-IFRAH® Instructor Discount (10% off)									
SUBTOTAL									
Delivery and Handling (see table on page 5) (taxable)									
SUBTOTAL									
Sales Tax 8.25% For all orders delivered to a CA address									
<b>New Prices Effective 7/09</b>								TOTAL	

\* You must have your Instructor Certification to be eligible for the discount. This discount will not apply for products released/purchased for specific patients. Certification name must match billing Name.

\*\* Additional options do not classify as items used toward this discount

## Semi-Custom Sizing and Additional Options

Product	Price	Quantity				Total \$
Semi-Custom Sizing on non conforming size for WHO, EWHO, or Dome Positioning Splint	100.00	Paddle	S	M	L	XL
		Forearm	S	M	L	XL
		Arm	S	M	L	XL
Multi-Attachment Bracket for Flat Paddle or Hand Positioning Accessory	100.00					
Rotational Control for WHO or EWHO	90.00					
Interchangeable Dome Positioning Hand Piece for WHO or EWHO	275.00					
Adapted Foot Slider for Elastic Attachment for the Knee/Elbow Flexion/Extension Assist	50.00					
Padded Dorsal Plate for Hand Paddle, WHO, or EWHO	25.00					
Additional 1/4" Finger Lift for Hand Paddle, WHO, or EWHO	6.00					
Secure Belt Line for Shoulder support or EWHO/WHO with rotation control	40.00					
Additional Wrist Strap for EWHO, WHO, or Dome Positioning Braces	25.00					
10 pack of Thumb Pieces (Specify desired length in the comments section below)	40.00					
Padded Liner for Forearm section of Dome Positioning Splint, WHO, or EWHO	15.00					
Additional Options may <b>ONLY</b> be added at the time of original order with exception of the secure belt line						Total Add to order form

## Sizing for Pre-Fabricated Hand Paddle, WHO, EWHO, and Dome Positioning Splint

Measurements in centimeters						
	Hand Paddle Section		Forearm Section		Upper Arm Section	
	MP Width	Length of Hand	Wrist Circumference	Largest Forearm Circumference	Largest Upper Arm Circumference	Elbow Center to Wrist Center
S	6.5 – 7.1	<19.5	15 – 17	21 – 24	24 – 29	22 – 24
M	7.2 – 8.1	<20.5	17 – 19	24 – 27	29 – 34	23.5 – 25.5
L	8.2 – 9.1	<21.5	19 – 24	27 – 33	34 – 39	25 – 27
X L	9.2 -10.1	<22.5	19 – 24	27 – 33	34 – 39	26.5 – 28.5

If your patient does not fit into one size in all 3 sections (hand paddle, forearm and upper arm) you can order a semi-custom orthotic for an additional \$100 charge by completing the semi-custom sizing at the top of this page.

Comments or Additional Information Regarding your order:

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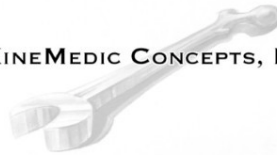
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**U.S. Shipping & Delivery**

The following information does not apply to shipments made internationally or to Puerto Rico. All shipping charges and risk of loss are the responsibility of the purchaser. All related delivery and handling charges will be added to customer invoice.

Delivery and Handling Charges	
Order Amount	Shipping Total
.01-49.99	5.00
50.00-149.99	10.00
150.00-249.99	20.00
250.00-499.99	30.00
500-999.99	40.00
1,000.00+	50.00

Due to the oversized and/or overweight nature of certain products, additional charges may apply. **Shipping-** Most orders will be processed within 1-3 business days of receipt Monday through Friday. Items in stock will then typically ship via UPS Ground mail. If an item is not in stock, or if it is a semi-custom order, or an order with optional components, items may be delayed another 3-5 business days.

**Rush Delivery-** If you need an order right away, next-day air or second day air delivery may be made available. Call our office for rates.

**How to order:** Order by Mail, Fax, or Online.

- Mail order form to KineMedic Concepts P.O. Box 3220 Blue Jay, CA 92317
- Fax order form with credit card information to (909) 498-0300
- Online at [www.KineMedic.com](http://www.KineMedic.com) - use the shopping cart to order
- Purchase Order (*at KineMedic Concepts discretion*) – place P.O. # on Payment Information Sheet

**Payment Methods**

- *Credit Card-* we accept Visa, MasterCard, Discover, and American Express. If you're paying by credit card include the name, number, expiration date, and 3 or 4 digit security number as they appear on the charge card; also include the billing address as it appears on the billing statement.
- *Checks/Money Orders-* Mail your check/money order made payable to **KineMedic Concepts** along with your order. Please include delivery and handling charges as well as CA sales tax (CA residents only). Your order will be processed upon receipt of check.

**Product Information**

Products described and illustrated on our website and in the Neuro-IFRAH® catalogs, leaflets, or websites are subject to modification consistent with the latest designs and other factors. We are constantly working to bring to you the most up to date products and materials available. For information regarding returns, refunds, or exchanges please refer to our return policy for details (can be found in our FAQ section on our website [www.kinemedic.com](http://www.kinemedic.com)).

While every effort has been made to ensure the accuracy of the information provided within, KineMedic Concepts Inc., reserves the right to correct any errors/or omissions found herein. Individual product prices are subject to change without notice.