

KINEMEDIC CONCEPTS, INC.



(909) 337-3449

(877) 888-9868

PREFABRICATED/ SEMI-CUSTOM ORTHOTICS AND THERAPY AIDS ORDER FORM

Please mail, fax or email completed Payment Information, Release and Order Form to:

P.O. Box 3220 Blue Jay, CA 92317 - Fax (909) 498-0300 – kinemedicconcept@aol.com

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 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				Right/Left		Quantity	Total \$
		S	M	L	XL	R	L		
Prefabricated PRO (Therapists Only)	800.00	S	M	L		R	L		
Post Stretching Range of Motion Maintaining Ankle Foot Orthotic	300.00	S	M	L		R	L		
Prefab Neuro-IFRAH® Dorsiflexion Stretch Assist	415.00	S	M	L		R	L		
Prefabricated Neuro-IFRAH® EWHO with option 1 ratchet joints	830.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® EWHO with option 2 step lock joints	1,490.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® EWHO with option 1 ratchet joint at wrist and option 2 joint at elbow	1,130.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® EWHO with option 3 adjustable static joints	1,430.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® WHO with option 1 ratchet joint	560.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® WHO with option 2 step lock joint	860.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® WHO with option 3 adjustable static joint	660.00	S	M	L	XL	R	L		
Prefab Neuro-IFRAH® Light WHO 65°	425.00	S	M	L	XL	R	L		
Prefab Neuro-IFRAH® Light WHO 30°	425.00	S	M	L	XL	R	L		
Prefab Neuro-IFRAH® Light WHO 15°	425.00	S	M	L	XL	R	L		
Prefab Neuro-IFRAH® Light WHO 0°	425.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® Hand Paddle with Straps	95.00	S	M	L	XL	R	L		
Prefabricated Neuro-IFRAH® Paddle with Wrist Extension Orthotic (Golden Gate)	145.00	S	M	L	XL	R	L		
Prefab Articulating Dome Positioning Splint w/ option 1 ratchet joint	560.00	S	M	L	XL	R	L		
Prefab Articulating Dome Positioning Splint with option 2 step lock joint	860.00	S	M	L	XL	R	L		
Prefabricated Articulating Dome Positioning Splint with option 3 adjustable static joint	660.00	S	M	L	XL	R	L		
Prefabricated Dome Positioning Splint	230.00	S	M	L	XL	R	L		
Flat Paddle	12.00	S	M	L	XL	N/A			
Flat Paddle Set	48.00	N/A				N/A			
Flat Paddle w/ Straps	65.00	S	M	L	XL	R	L		
						Generic(two thumbs)			
Hand Positioning Accessory Type 1	55.00	N/A				R	L		
						Generic(two thumbs)			
Hand Positioning Accessory Type 2	110.00	N/A				R	L		
						Generic(two thumbs)			
Hand Positioning Accessory Type 3	85.00	N/A				R	L		
						Generic(two thumbs)			
Hand Positioning Accessory Type 4	40.00	N/A				N/A			
Hand Positioning Accessory Type 5	120.00	N/A				R	L		
						Generic(two thumbs)			
Hand Positioning Accessory Type 6	180.00	N/A				R	L		
						Generic(two thumbs)			
Prefabricated Shoulder Support	97.00	N/A				N/A			
Prefab Dorsal Wrist Extension Support Dome	80.00	N/A				N/A			
Dome	58.00	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)	120.00	S	M	L	XL	N/A			
Slider w/ Loops	65.00	N/A				N/A			
Slider w/o Loops	65.00	N/A				N/A			
Foot/Heel Skate	95.00	N/A				N/A			
Knee Immobilizer	310.00	N/A				N/A			
Knee & Elbow Flexion/Extension Assist	490.00	N/A				N/A			
Thumb Up™ Post	50.00	S (4.5")		L (6")		N/A			
Hip Alignment Assist Unit	675.00	N/A				N/A			
SUBTOTAL (Continue to next page)									

Product	Price	Size	Right/Left		Quantity	Total \$
			R	L		
Humeral External Rotator	375.00	N/A	R	L		
Walker Stability Enhancer	300.00	N/A	N/A			
Weight Assist Limb Energizer and Exercise Device (WALEED)	1450.00	N/A	N/A			
Neuro-IFRAH® Mini-Mat	840.00	N/A	N/A			
Easy Active™ Shoulder A	350.00	N/A	N/A			
Easy Active™ Shoulder B	235.00	N/A	N/A			
Easy Active™ Shoulder I-Frame	320.00	N/A	N/A			
Thoracic Extension Unit	690.00	N/A	N/A			
Easy Active™ Ankle/Foot	575.00	N/A	N/A			
Easy Active™ Pelvis	515.00	N/A	N/A			
Easy Active™ Mobile Shoulder Assist	390.00	N/A	N/A			
Correct Step Foot Aligner	200.00	N/A	R	L		
Miscellaneous 40" Staff	55.00	N/A	N/A			
Walker Docking Station	100.00	N/A	N/A			
Hand Paddle Docking Station	100.00	N/A	N/A			
Easy Active™ Foot Eversion Assist	160.00	N/A	N/A			
Easy Active™ Shoulder External Rotator	710.00	N/A	N/A			
Walker Extensions	180.00	N/A	N/A			
Multi-Angle Foot Positioner	320.00	N/A	N/A			
Light Bivalve Elbow Support	100.00	S (12")	L (14")			
Ultralight Bivalve Elbow Support	100.00	S (12")	L (14")			
Casting Kit	28.00	N/A	N/A			
SUBTOTAL (from this page)						
SUBTOTAL (total from this page + page 3)						
Total from Additional Options Page (Chart Below)						
SUBTOTAL						
*Certified Neuro-IFRAH® Instructor Discount (10% off)						
SUBTOTAL						
Delivery and Handling (see table on page 5) (taxable)						
SUBTOTAL						
Sales Tax 7.25% For all orders delivered to a CA address						
New Prices Effective 4/15/22						

* 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.

Semi-Custom Sizing and Additional Options

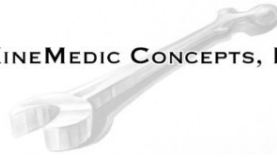
Product	Price	Quantity				Total \$
		Paddle	S	M	L	
Semi-Custom Sizing on non conforming size for WHO, EWHO, or Dome Positioning Splint	100.00	Forearm	S	M	L	XL
		Arm	S	M	L	XL
Multi-Attachment Bracket (This bracket will be affixed to a flat paddle, hand paddle, or Hand Positioning Accessory that is included with this order)	100.00					
Rotational Control for WHO or EWHO	90.00					
Interchangeable Dome Positioning Hand Piece for WHO or EWHO	325.00					
Adapted Foot Slider for Elastic Attachment for the Knee/Elbow Flexion/Extension Assist	65.00					
Padded Dorsal Plate for Hand Paddle, WHO, or EWHO	25.00					
Additional 1/4" Finger Lift for Hand Paddle, WHO, or EWHO, or Hand Positioning Accessory	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	40.00	If you desire a specific length, specify here				
Padded Liner for EACH unpadded section of Dome Positioning Splint, WHO, EWHO	15.00	please specify which section(s)				
Additional Options may ONLY 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, Flat Paddle, WHO, EWHO, Golden Gate 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 on the previous page.

Comments or Additional Information Regarding your order:



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
.01-19.99	5.00
20.00-59.99	10.00
60.00-199.99	15.00
200.00-499.99	20.00
500-999.99	30.00
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 ship via UPS Ground. 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 expedited, 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 - use the Shopping Cart or auto-fill form.
- 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.
- *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).

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.