

Ordered by: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

BILLING: P.O. Number \_\_\_\_\_ Townsend Account # \_\_\_\_\_

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Preference:  Ground  2-Day P.M.  2-Day A.M.  Next Day P.M.  Next Day A.M.

*(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.*

Patient's Last Name: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

The brace you order is determined by the leg, affected knee compartment, and size.

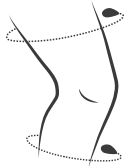
The Action Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**

Left Leg Medial OA / Right Leg Lateral OA

Right Leg Medial OA / Left Leg Lateral OA

Size

1  2  3  4  5  6

Size	Circumference 6" below	Circumference 6" above	
1	13" - 13 3/4"	14" - 17"	
2	13 3/4" - 15"	15 1/2" - 18 1/2"	
3	15" - 15 3/4"	16 1/2" - 19 1/2"	
4	15 3/4" - 16 1/2"	18" - 21"	
5	16 1/2" - 18 1/4"	19" - 22"	
6	18 1/4" - 19 1/4"	20" - 23 1/2"	

*If calf and thigh size don't match, we recommend you choose the larger size.*

*Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).*