

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 Active 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

X-Small Small Medium Large

X-Large 2X-Large 3X-Large

Optional

Flexion Stop Kit

Sizing Reference	6" above mid patella	6" below mid patella
X-Small	13" to 15"	10" to 12"
Small	15" to 18"	12" to 14"
Medium	18" to 21"	14" to 16"
Large	21" to 23"	16" to 18"
X-Large	23" to 26"	18" to 20"
2X-Large	26" to 29"	20" to 22"
3X-Large	29" to 32"	22" to 24"

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).