

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: _____

Male Female Age _____ Height _____ Weight _____

Leg: Left Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

Brace/KAFO Cane Crutch Walker Wheel Chair

Suspension Type: _____

Socket Type: _____

Comments: _____

Casted Position:

Standing with Dynamic Alignment Static Bench Alignment

Casted Over:

Over Test Socket Over Definitive Socket

Model

Anterior Thigh Posterior Thigh
 Anterior Tibia Posterior Tibia

Thigh Shell Length

7 Inch 8 Inch 9 Inch Other _____"

Tibia Shell Length

6 Inch 7 Inch Other _____"

Anti-Migration Silicon Infused Strap Pads*

Set Hinge Position (Must be completed)

0 5 10 15 Other _____"

Townsend Hinges

Original 5 Bar Customer Supplied
 Add Flexion Stop Kit* Add Extension Stop Kit*
 Add Extension Assist Bands/Posts*

5 Bar Locking Joints

Twist Release Lever Release
 Free Motion No Free Motion
 Add Extension Assist Bands/Posts*

Tibia Straps

No Straps One Strap Two Straps

Becker Knee Joints (Townsend stocked items)

Modular Ring Lock Model 1402-B
 Automatic Angled Levered Lock Model 1017A
 Modular Ratchet Lock Model 1018A
 Bend Levers As A Bail Rod

Becker External Lock Release Options

Bail Lock Integrated Strap System (BLISS) Model MX-003
BLISS (for use on model 1017 and 1018)
Townsend Twist and Lever Release System **CANNOT** be used with
Becker knee joints

Brace Color (Select One)

Colors

Black Beige Gray Red Navy Blue
 Royal Blue Green Burgundy

Fabric Inlay*

Clear Graphite Sheer Red* Sheer Teal*
 Sheer Purple* Fabric -1 yard from patient*
 U.S.A. Flag Fabric*

**PLEASE FOLLOW STEP-BY-STEP CAST
PROTOCOL INSTRUCTIONS**

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).

* Indicates additional charges apply

