

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

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Model

Reliever Reliever Air Reliever Air Lite

Compartment

Unload Medial Unload Lateral Compartment
 Dual Loadshifters

Thigh Shell Length

7 Inch 8 Inch 9 Inch

Tibia Shell Length

7 Inch 8 Inch 9 Inch Other _____"

Single Strut KAFO With Heel Cup
 (Must Complete Additional Form For Brace Extension)

Hinges -- Brace is fabricated with LOADSHIFTER (no charge) The LOADSHIFTER can be used to increase correction by shifting the thigh shell angle. ONLY offered with TM5+ Aluminum Hinges.

TM5+ Hinges -- Includes extension stop kit
 Optional flexion stop kit*

Hinge Material

6061 Aluminum (required for LOADSHIFTER)
 Stainless Steel* (brace will be fabricated without LOADSHIFTER)
 Add optional extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster (Reliever Air & Reliever only)

Standard Minimal No Bolster

Special Trim Lines (Air Townsend only)

Full Figure: (Reliever Air Only): Helps contain soft tissue
 Customized Shell Design (include instructions/drawing)

Synergistic Suspension Strap Attachment

Standard attachment (Lateral end recessed inside tibia shell)
 Lateral end attached to outer shell (for prominent fibular head)
 Double Rivet Suspension Strap

Color/Fabric Inlay

Black Beige Gray Red Navy Blue
 Royal Blue Green Burgundy Clear Graphite
 Sheer Red* Sheer Teal* Sheer Purple*
 Fabric -1 yard from patient* U.S.A. Flag Fabric*

Anti-Migration Silicon Infused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover*

Posterior Closure
 Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/16 Comfort Thigh Sleeve

M-L measurement at knee center _____

Special 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