

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): \_\_\_\_\_

**FULL SHELL POLIO BRACE**

**LENGTH**

Tibia Shell:  7"  8" Other \_\_\_\_"

Thigh Shell:  7"  8" Other \_\_\_\_"

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

STRAPS  4 Straps  5 Straps

**Color/Fabric Inlay**

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

**PREMIER POLIO KNEE BRACE**

- 3 Rigid Bands: Anterior thigh band, & 2 posterior calf bands
- 4 Rigid Bands: Anterior & posterior thigh bands & 2 posterior tibia bands (requires minimum 9 inch thigh shell)

**Thigh Shell Length:**

- 7"  8" (3 band model)
- 9"  10" (required for 4 band model)

**Tibia Shell Length:**  8"  9"

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

**Finish and Color**

- Powdercoat Finish (Lightest, Most Durable Finish)
- Black  Antique Pewter (Silver)  Royal Blue  Burgundy  High Gloss Paint Finish  Black  Royal Blue  Burgundy Beige  Emerald Green  White  Burnt  Orange  Dark Violet  Steel Blue  Quicksilver  Indy Yellow  Custom Paint Finish\* -- Indicate Custom Paint # \_\_\_\_\_

**Must be completed (for all orders)**

**Select Hinge Position and Type of Hinges**

Set the terminal extension of the hinges to cast position; OR Set terminal extension at:  0°  5°  10°  15°  Other \_\_\_\_°

**Free Knee 5 Bar Hinges (Highest Strength)**

- Optional Extension Stop Kit (0, 5, 10, 15, 20 and 30 degrees)\*
- No Flexion Stops
- Set Flexion Stops at: \_\_15; \_\_30; \_\_45; \_\_60; \_\_75; \_\_90 degrees
- Note: Flexion stops are semi-permanent (can only be removed at factory)
- Optional Condylar Pads: No Both Medial Lateral

**Original Hinges (Full Shell model, only)**

- Extension Stop Kit  Flexion Stop Kit\*
- Condylar Pads:  None  Both  Medial  Lateral
- Install Extension Assist Bands/Posts\*

**Undersleeves\***

18" Cotton  18" Neoprene  22" Neoprene

**Thigh Sleeves\***

1/16 Comfort Thigh Sleeve

**Anti-Migration Silicon Infused Strap Pads\***

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