

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 _____

Work/Activities:

- Activities of Daily Living
- Non-Contact Sports
- Contact Sports

Leg: Left Right

Model

- | | | |
|-----------------------------------|-----------------------------------|---|
| Rebel | Rebel Pro | Rebel Lite <i>(only available in 13" length)</i> |
| <input type="checkbox"/> ACL | <input type="checkbox"/> ACL | <input type="checkbox"/> ACL |
| <input type="checkbox"/> Combined | <input type="checkbox"/> Combined | <input type="checkbox"/> Combined |

Shell Length

- Upper Shell** 7 inch
 8 inch
- Lower Shell** 6 inch anterior
 7 inch anterior
 7 inch posterior
 8 inch anterior

Colors

- | | | |
|--|---|---|
| <input type="checkbox"/> Gloss Black | <input type="checkbox"/> Textured Black | <input type="checkbox"/> Bengal White |
| <input type="checkbox"/> Bengal Silver | <input type="checkbox"/> Bengal Yellow | <input type="checkbox"/> Sparkle Red |
| <input type="checkbox"/> Electric Blue | <input type="checkbox"/> Sky Blue | <input type="checkbox"/> Violet |
| <input type="checkbox"/> Argento Gray | <input type="checkbox"/> Candy Green | <input type="checkbox"/> Sparkle Copper |

Options

- Hinges Includes extension stop kit**
- Optional Flexion Stop Kit *
 - Quick release buckles*
 - Add optional extension assist bands/posts * *(Pro Model Only)*
 - CS Package***
Semi-rigid padded inserts attached inside the thigh shell for dynamic compression and enhanced suspension
 - Spooner Patella Stabilizing Attachment***

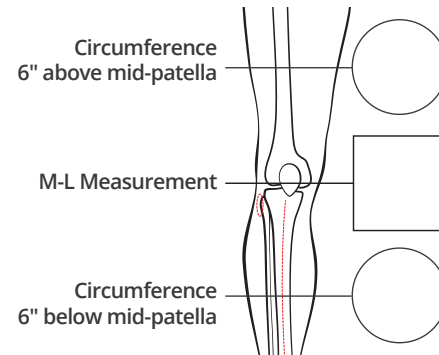
Brace Cover* *(Pull-on)* S/M L/XL

Undersleeves*

- 18" Cotton
- 18" Neoprene
- 22" Neoprene

Thigh Sleeves*

- 1/16" Comfort Thigh Sleeve



MEASUREMENT DATA

(Only complete if using Townsend Measurement Device)

That Correlated With The Varus/Valgus Angle of Tibia: _____

That Correlated With The Varus/Valgus Angle of Thigh: _____

Was Leg At Full Extension?

Yes **Or** Flexed At _____ Degrees

Special Instructions: _____

Please send this form together with the digital scan, cast, or CCS photos. If you have any question regarding this order form, please call 800.700.2722 between 6:00 AM and 4:00 PM

*Indicates additional charges apply