

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.

**Received Date**

Thuasne USA's shipping department use only

**Custom Dynamic Reliever**

Note: Dynamic Reliever is a brace for Medial OA only.

Patient's Last Name: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Male  Female Age \_\_\_\_\_

Weight \_\_\_\_\_ (LBS) Height \_\_\_\_\_ (IN)

Leg:  Left  Right

**Methodology of Delivery for Patient Model**

- Composite cast void
- Digital Scan

**Work/Activities**

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

**Options**

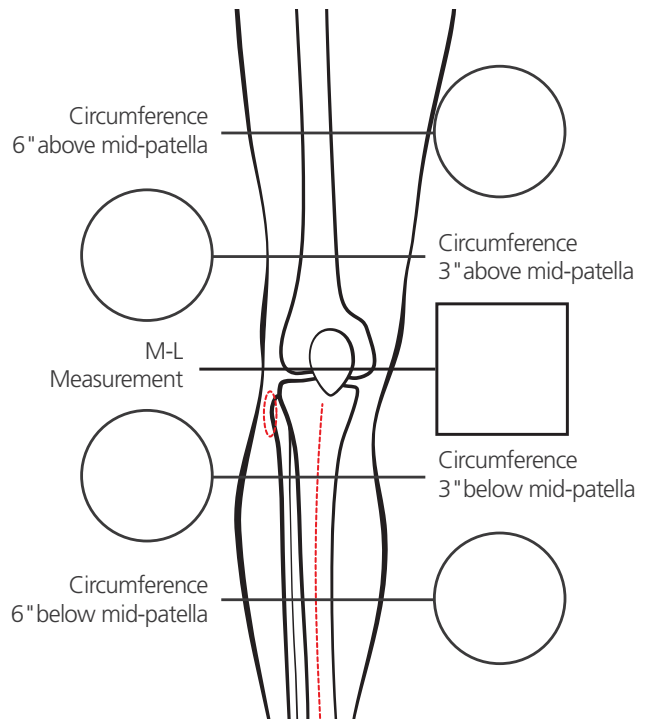
- Flexion Stop Kit\*
- 18 inch Cotton Undersleeve\*
- 18 inch Neoprene Undersleeve\*

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\*Indicates additional charges apply