

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 _____

Compartment Medial Lateral

Leg Left Right

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 7 Inch 8 Inch

Corrective Force Setting

Adjustable Model (includes torque wrench for adjusting paddle correction and angulation)

Tool-Free Models (pre-set paddle position)

- Minimum Correction (thin patients and/or mild OA)
- Standard Correction (patients with mild to moderate OA)
- Maximum Correction (heavy patient and/or moderate to severe OA)

Color

Black Silver (Only available in sizes SM - XXL)

TM6 Hinge -- Includes extension stop kit

- Optional Flexion Stop Kit*
- Anti-Migration Silicon Infused Strap Pads*

Brace Cover*

Posterior Closure Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/16 Comfort Thigh Sleeve

Size

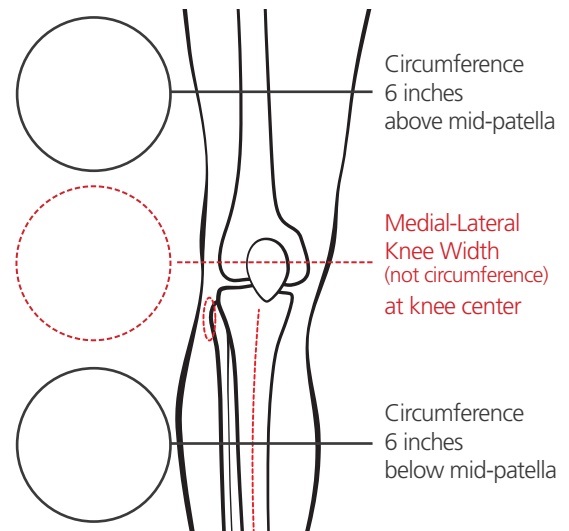
- X-Small Small Medium Large
- X-Large XX-Large XXX-Large

Sizing Reference

| | 6" above | M-L width | 6" below |
|----------|----------------|--------------|------------------|
| X-Small | 12.5" to 15.5" | 3" to 3.5" | 11" to 12.5" |
| Small | 15.5" to 18.5" | 3.5" to 4" | 12.25" to 13.75" |
| Medium | 18.5" to 21" | 4" to 4.5" | 13.25" to 15" |
| Large | 21" to 23.5" | 4.5" to 5" | 14.25" to 15.75" |
| X-Large | 23.5" to 25" | 5" to 5.5" | 15" to 17" |
| 2X-Large | 25" to 28" | 5.5" to 6" | 17" to 19" |
| 3X-Large | 28" to 31" | 5.5" to 6.5" | 18" to 20" |

3 Measurements: "Customized" Assembly (No Added Charge)

If your patient has proportional leg sizing (see sizing reference, above) or if you are ordering a brace for stock inventory please select from the size options. However, if you would prefer to have Townsend customize the assembly of your patient's brace at no addition charge please provide leg measurements beside the illustration, below.



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