

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): _____

Air Townsend Air Lite

Model

ACL Combined Instabilities

Thigh Strap* Graphite Band*

Thigh Shell Length 7" 8" Other _____ "

Thigh Band Width 1.5" 2" 2.5"

Tibia Shell Length 7" 8" 9"

Single Strut KAFO With Heel Cup

(Must Complete Additional Form For Brace Extension)

Special Trim Lines *(Air Townsend only)*

Full Figure: For additional soft tissue containment

No tibia shell hole *(Townsend Original)*

Ski boot cut: 1/2 inch notched in distal tibia shell

Rodeo: Medial thigh cut-out for rider comfort

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

Hinges

TM5+ Hinges – Includes extension stop kit

6061 Aluminum *(standard, if no hinge material is indicated)*

Stainless Steel*

Original Hinges* – Stainless *(standard) includes extension stop kit*

Hinge Options

Optional flexion stop kit*

Add optional extension assist bands/posts*

Condylar Pads: No Bi-Lateral Medial Lateral

Tibia Shell Anti-Rotation Bolster *(Air Townsend only)*

Standard Minimal No Bolster

Color/Fabric Inlay

Black Beige Gray Red

Navy Blue Royal Blue Green Burgundy

Clear Graphite Sheer Red*

Sheer Purple* Fabric -1 yard from patient* US 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