

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

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** _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Model

- ACL
- Combined Instabilities (PCL)*
Option: PCL Strap* PCL Rigid Band*

Thigh Shell Length

- 7 Inch 8 Inch

Tibia Shell Length

- 6 Inch 7 Inch 8 Inch

Tibia

- C: Anterior Single Band
- D: Posterior Single Band
- E: Double Band* (7" or 8" only)
- Single Strut KAFO (must complete additional form for brace extension)



Hinges

- TM5+ Hinges — Includes extension stop kit
- Optional flexion stop kit*
- Add optional extension assist bands/posts*

Hinge Material

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

Finish and Color

Textured Powdercoat Finish

- Black Royal Blue
- Antique Pewter Burgundy

High Gloss Paint Finish

- Black Emerald Green Burgundy
- Royal Blue Steel Blue White
- Burnt Orange Quicksilver Beige
- Dark Violet Indy Yellow

Custom Paint Finish* — Indicate Custom Paint # _____

Options

- C/S Package* (for dynamic compression and enhanced suspension)
- No wraparound attachment of Synergistic Suspension Strap (recommended if patient has a prominent fibular head)

Spooner Patella Stabilizing Attachment*

Brace Cover*

- Posterior Closure Pull On

Undersleeves*

- 18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

- 1/8 Atrophy Thigh Sleeve 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