

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: _____

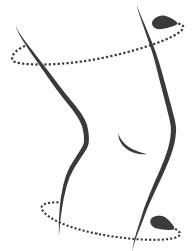
Phone: (_____) _____ Fax: (_____) _____

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.

Quantity		Size	Calf Circumference 4 3/4" Below Mid Patella	Thigh Circumference 5 1/2" Above Mid Patella
Medial OA Left Leg Lateral OA Right Leg	Medial OA Right Leg Lateral OA Left Leg			
_____	_____	1	11 – 12 1/4"	15 – 16 1/4"
_____	_____	2	12 1/4 – 13 3/4"	16 1/4 – 17 3/4"
_____	_____	3	13 3/4 – 15"	17 3/4 – 19"
_____	_____	4	15 – 16 1/2"	19 – 20 1/2"
_____	_____	5	16 1/2 – 17 1/2"	20 – 21 1/2"
_____	_____	6	17 1/2 – 18 1/2"	21 – 22 1/2"
_____	_____	7	18 1/2 – 20"	22 – 24"
_____	_____	8	20 – 21 1/4"	24 – 26 1/2"



If calf and thigh size do not match, we recommend you choose the larger size

The brace you order is determined by the leg, affected knee compartment, and size.

The Action Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**

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).