

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.

Size	Thigh Circumference 6 inches above mid-patella	Calf Circumference 6 inches below mid-patella
1 (XS - SM)	14" to 18"	11" to 14"
2 (MD - LG)	18" to 24"	14" to 17"
3 (XL - 2XL)	23.5" to 28"	17" to 19"

Fully Assembled

Left Leg

- 1 (XS - SM) _____
- 2 (MD - LG) _____
- 3 (XL - 2XL) _____

Right Leg

- 1 (XS - SM) _____
- 2 (MD - LG) _____
- 3 (XL - 2XL) _____

Unassembled Note: Hinge is attached to the upper shell.

Left Leg Upper Shell

- 1 (XS - SM) _____
- 2 (MD - LG) _____
- 3 (XL - 2XL) _____

Right Leg Upper Shell

- 1 (XS - SM) _____
- 2 (MD - LG) _____
- 3 (XL - 2XL) _____

Left Leg Lower Shell

- 1 (XS - SM) _____
- 2 (MD - LG) _____
- 3 (XL - 2XL) _____

Right Leg Lower Shell

- 1 (XS - SM) _____
- 2 (MD - LG) _____
- 3 (XL - 2XL) _____

Kit Note: contains elements to build 6 braces, 12 components total (one upper and one lower shell of each size and side). Maximum is one per location.

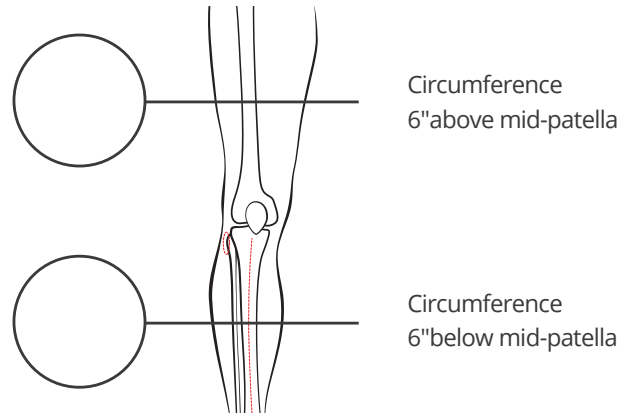
Patient's Last Name: _____

Patient's First Name: _____

Customized Brace

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

Leg: Left Right



Options

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

*Indicates additional charges apply