

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.

PLEASE FOLLOW STEP-BY-STEP CAST PROTOCOL INSTRUCTIONS

The Townsend Full Shell BK Orthosis is designed to fit directly over your patients prosthetic socket. The thigh and tibial shell will integrate with any conventional or vacuum suspension system. All protocol must be followed as an intimate fit is imperative for proper function and acceptance by your patient.

1. Cast your patient, fit your test socket, and then laminate your definitive socket with adaptors as needed.
2. Complete your dynamic alignment as necessary and finalize all adjustments that need to be completed.
3. Add plastic wrap over your patients entire prosthesis. This includes the shoe, pylon, adaptors, gel liners, and suspension sleeves.
4. Add a stockinette and a cut strip to the prosthesis. If you are ordering an anterior tibial shell, the cut strip MUST be on the posterior of the socket. If you are ordering a posterior calf shell, the cut strip MUST be on the anterior of the socket. Cut strips on the same side of the distal shell will result in a poor fit.
5. Use elastic plaster or hybrid casting tape only. Do not use standard plaster or fiberglass casting rolls.
6. Wrap your cast from the four hole or distal adaptor to three inches above your thigh shell length. Once you have wrapped your cast, you must stand the patient. The patient MUST stand in the same position that you completed your dynamic alignment in.
7. Once the cast has hardened, mark the MTP, MPT, and tibial crest on the OUTSIDE of the cast. This will help isolate proper knee center during modification and alignment.
8. Make a single line down your cut strip and add hash marks down this line. Remove your cast and secure with staples to ensure proper alignment.
9. Allow cast to fully dry before shipping in a well padded box.

Patient's Last Name: _____

Patient's First Name: _____

☐ Male ☐ Female

Age _____ Height _____ Weight _____

Leg: ☐ Left ☐ Right

Patient's Clinical Diagnosis: _____

Surgeries (type/date): _____

Is the patient currently using any assistive device?

☐ Brace/KAFO ☐ Walker
☐ Cane ☐ Wheel Chair
☐ Crutch

☐ Suspension Type: _____

☐ Socket Type: _____

Comments: _____

Casted Position:

☐ Standing with Dynamic Alignment ☐ Static Bench Alignment

Casted Over:

☐ Over Test Socket ☐ Over Definitive Socket

Model

☐ Anterior Thigh ☐ Posterior Thigh
☐ Anterior Tibia ☐ Posterior Tibia

Thigh Shell Length

☐ 7 Inch ☐ 8 Inch ☐ 9 Inch ☐ Other _____ "

Tibia Shell Length

☐ 6 Inch ☐ 7 Inch ☐ Other _____ "

☐ Anti-Migration Silicon Infused Strap Pads*

* Indicates additional charges apply

Thuasne USA

4615 Shepard St., Bakersfield, CA, 93313

Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722

www.ThuasneUSA.com



TOWNSEND

THUASNE USA

Set Hinge Position (Must be completed)

- ☐ 0 ☐ 5 ☐ 10
☐ 15 ☐ Other _____"

Townsend Hinges

- ☐ Original ☐ Add Flexion Stop Kit*
☐ 5 Bar ☐ Add Extension Stop Kit*
☐ Customer Supplied ☐ Add Extension Assist Bands/Posts*

5 Bar Locking Joints

- ☐ Twist Release ☐ No Free Motion
☐ Lever Release ☐ Add Extension Assist Bands/Posts*
☐ Free Motion

Tibia Straps

- ☐ No Straps ☐ One Strap ☐ Two Straps

Becker Knee Joints *(Townsend stocked items)*

- ☐ Modular Ring Lock Model 1402-B
☐ Automatic Angled Levered Lock Model 1017A
☐ Modular Ratchet Lock Model 1018A
☐ Bend Levers As A Bail Rod

Becker External Lock Release Options

- ☐ Bail Lock Integrated Strap System (BLISS) Model MX-003
BLISS (for use on model 1017 and 1018)

Townsend Twist and Lever Release System CANNOT be used with Becker knee joints

Brace Color (Select One)

Colors

- ☐ Black ☐ Red ☐ Green
☐ Beige ☐ Navy Blue ☐ Burgundy
☐ Gray ☐ Royal Blue

Fabric Inlay*

- ☐ Clear Graphite ☐ Sheer Purple* ☐ U.S.A. Flag Fabric*
☐ Sheer Red* ☐ Fabric -1 yard from patient*
☐ Sheer Teal*

* Indicates additional charges apply

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