

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** \_\_\_\_\_

**Weight** \_\_\_\_\_ (LBS)

**Height** \_\_\_\_\_ (IN)

**Leg:**  Left  Right

**Ligament:**  ACL  PCL  LCL  MCL

**Meniscus Damage:**  Medial  Lateral

Surgeries (type/date): \_\_\_\_\_

Air Townsend  Air Lite

**Model**

ACL

Combined Instabilities (PCL)\*

Option:  PCL Strap\*

PCL Rigid Band\*

**Thigh Shell Length**

7 Inch

8 Inch

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

Royal Blue

Sheer Teal\*

Beige

Green

Sheer Purple\*

Gray

Burgundy

US Flag Fabric\*

Red

Clear Graphite

Fabric

Navy Blue

Sheer Red\*

-1 yard from patient\*

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