

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 _____ Height _____ Weight _____

Work/Activities: Activities of Daily Living
 Non-Contact Sports Contact Sports

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

AirTownsend Air Lite

Model: ACL CombinedInstabilities Thigh Strap*
 GraphiteBand*

Thigh Shell Length: 7 Inch 8 Inch Other _____"

Thigh Band Width: 1.5 Inches 2 Inches 2.5Inches

Tibia Shell Length

7 Inch 8 Inch 9 Inch

Single Strut KAFO With Heel Cup
 (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*

Original Hinges* Stainless (standard) includes extension stop kit
 Condylar Pads: No Bi-Lateral Medial Lateral
 Optional flexion stop kit*
 Add optional extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster (Air Townsend only)

Standard Minimal Soft No Bolster

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)

Color/Fabric Inlay

- Black Beige Gray Red Navy Blue
- Royal Blue Green Burgundy Clear
- Graphite Sheer Red* Sheer Teal*
- Sheer Purple* Fabric -1 yard from patient*
- U.S.A. Flag Fabric*

Anti-Migration Silicon Enfused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover*

- Posterior Closure Black Blue
- Pull On

Undersleeves*

- 18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

- 1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve

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

