

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: _____

ROM Post-Op Knee Braces

ROM-4 – Quantity: _____

- 17" Bars (no length adjustment)

Full Wrap Pads

- Optional -10° Hinge
- Standard Velcro Closures

ROM6 – Quantity: _____

- 23" Bars (can be shortened to 17")

Full Wrap Pads

- Optional -10° Hinge
- Standard Velcro Closures

ROM6-L – Quantity: _____

- 25" Bars (can be shortened to 17") Full Wrap Pads

- Optional -10° Hinge
- Standard Velcro Closures

AIR ROM-SHORT – Quantity: _____

- 17" Bars (no length adjustment)

AIR Pads

- Optional -10° Hinge
- Standard Velcro Closures

AIR ROM-LONG – Quantity: _____

- 23" Bars (can be shortened to 17")

AIR Pads

- Optional -10° Hinge
- Standard Velcro Closures

ROMX Post-Op Knee Braces

ROMX.SS – Quantity: _____

- Compression and Suspension Package (C/S)
- Breeze Pads
- Malleable Aluminum Strut Extensions

ROMX.AP – Quantity: _____

- Air Pad Wraps
- Malleable Aluminum Strut Extensions

ROMX.BP – Quantity: _____

- Breeze Pads
- Malleable Aluminum Strut Extensions

ROMX.FP – Quantity: _____

- Full Wrap Pads

ROM-R Post-Op Knee Braces

ROM-R – Quantity: _____

- Breeze Pads
- Malleable Aluminum Strut Extensions

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).