

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: _____

Fiber Cool Sleeve *(breathable non-neoprene material)*

TS ROM XII-AC *(12" anterior closure sleeve, 2 straps)*

Size/Quantity: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

TS ROM XVI-AC *(16" anterior closure sleeve, 4 straps)*

Size/Quantity: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____

Neoprene Sleeve

TS ROM XII-AC *(12" anterior closure sleeve, 2 straps)*

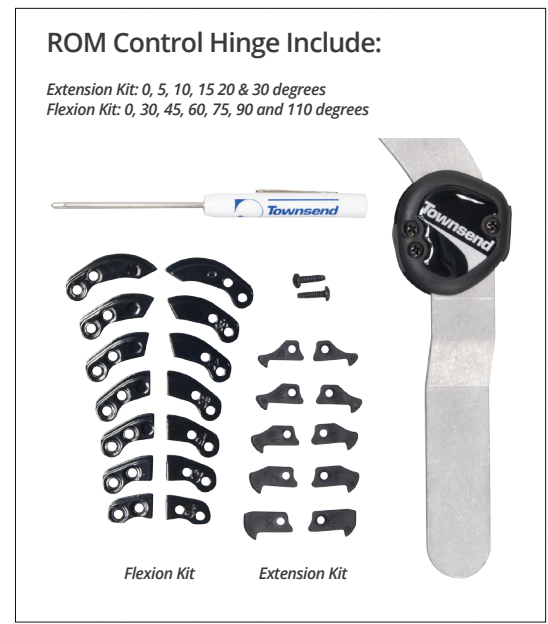
Size/Quantity: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL _____

TS ROM XVI-AC *(16" anterior closure sleeve, 4 straps)*

Size/Quantity: S _____ M _____ L _____ XL _____ 2XL _____ 3XL _____ 4XL _____

Sizing Reference

Size	Circumference	
Small	13" to 14"	With the patient's leg at full extension, measure circumference around the center of the affected knee.
Medium	14" to 15"	
Large	15" to 17"	
X-Large	17" to 19"	
2X-Large	19" to 21"	
3X-Large	21" to 22"	
4X-Large	22" to 23"	(neoprene sleeves only)



*Indicates additional charges apply

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).