

Ordered by: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

BILLING: P.O. Number \_\_\_\_\_ Townsend Account # \_\_\_\_\_

Bill To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

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.

*Casting Protocol: 18-20 inch length: non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.*

Patient's Last Name: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Male  Female

Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Leg:  Left  Right

Ligament:  ACL  PCL  LCL  MCL

Meniscus Damage:  Medial  Lateral

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

**Model**

Premier Reliever (dual hinge knee brace)

Premier Reliever1 (single hinge knee brace)

► Indicates this option is not offered on Reliever1 model

**Compartment**

Unload Medial  Unload Lateral  Dual Loadshifters

**Thigh Shell Length**

7 Inch  8 Inch

**Tibia Shell Length**

7 Inch  8 Inch

**Tibia**

C: Anterior Single Band

D: Posterior Single Band

E: Double Band\*

Single Strut KAFO With Heel Cup

(Must Complete Additional Form For Brace Extension)



**Premier Reliever**

(fabricated with TM5+ Hinges and includes an adjustable extension stop kit)

Optional Flexion Stop Kit\*

Add optional extension assist bands/posts\*

**Hinge Material Options** (dual hinge Premier Reliever only)

6061 Aluminum (required for adjustable correction LOADSHIFTER)

Stainless Steel (brace will be fabricated without LOADSHIFTER)

**Premier Reliever1**

(fabricated with an aluminum TM6 Hinge and includes an adjustable extension stop kit).

Optional Flexion Stop Kit

**Finish and Color**

Textured Powdercoat Finish

Black

Antique Pewter

Royal Blue

Burgundy

High Gloss Paint Finish

Black

Royal Blue

Burnt Orange

Dark Violet

Emerald Green

Steel Blue

Quicksilver

Indy Yellow

Burgundy

White

Beige

Custom Paint Finish\* - Indicate Custom Paint # \_\_\_\_\_

► **Options**

Add Combined Instability (PCL Strap)\*

C/S Package\* (for dynamic compression and enhanced suspension)

No wraparound attachment of Synergistic Suspension Strap (recommended if patient has a prominent fibular head)

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Indicates additional charges apply