

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) Height _____ (IN)

Leg: Left Right

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 7 Inch 8 Inch

Locking Position

(if not indicated, zero degree lock position will be applied)

- Zero Degree Locking Position
- Five Degree Locking Position

Options

Add Extension Assist Bands/Posts*

Flexion Stop Kit (installed upon request)

30° 60° 90°

Color

Matte Finish

- Black (Standard) Grey White
- Atlantic (Light Blue) Red

Satin Finish

- Lemon Orange Lime
- Fuchsia Pacific (Dark Blue)

Anti-Migration Silicon Infused Strap Pads*

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/16 Comfort Thigh Sleeve

Size

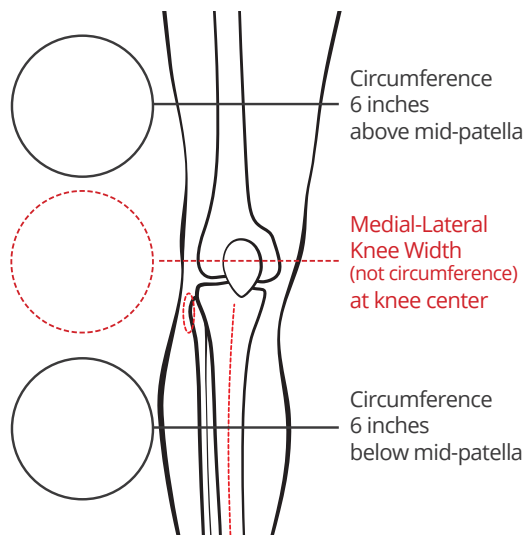
- X-Small Small Medium
- Large X-Large

Sizing Reference

	6" above	M-L width	6" below
X-Small	12.5" to 15.5"	3" to 3.5"	11" to 12.5"
Small	15.5" to 18.5"	3.5" to 4"	12.25" to 13.75"
Medium	18.5" to 21"	4" to 4.5"	13.25" to 15"
Large	21" to 23.5"	4.5" to 5"	14.25" to 15.75"
X-Large	23.5" to 25"	5" to 5.5"	15" to 17"

3 Measurements: "Customized" Assembly (No Added Charge)

If your patient has proportional leg sizing (see sizing reference, above) or if you are ordering a brace for stock inventory please select from the size options. However, if you would prefer to have Townsend customize the assembly of your patient's brace at no addition charge please provide leg measurements beside the illustration, below.



*Indicates additional charges apply