

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____

Shipping Preference

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

Patient's Last Name: _____

Patient's First Name: _____

Male Female **Age** _____

Weight _____ (LBS) **Height** _____ (IN)

Leg: Left Right

Compartment

Medial Compartment Lateral Compartment

Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 7 Inch 8 Inch

Corrective Force Setting

Adjustable Model
(includes torque wrench for adjusting paddle correction and angulation)

Tool-Free Models (pre-set paddle position)

- Minimum Correction *(thin patients and/or mild OA)*
- Standard Correction *(patients with mild to moderate OA)*
- Maximum Correction *(heavy patient and/or moderate to severe OA)*

Color

Matte Finish

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

Satin Finish

- Lemon Orange Lime
- Fuchsia Pacific *(Dark Blue)*

TM6 Hinge — Includes extension stop kit

- Optional Flexion Stop Kit*
- Anti-Migration Silicon Infused Strap Pads*

Brace Cover*

- Posterior Closure Pull On

Undersleeves*

- 18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

- 1/16 Comfort Thigh Sleeve

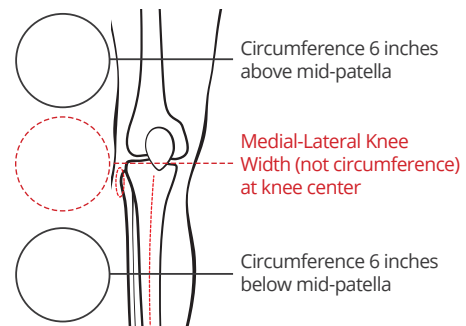
Size

- X-Small X-Large Small Medium Large
- XX-Large XXX -Large/XXL Lower

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"
2X-Large	25" to 28"	5.5" to 6"	17" to 19"
3X-Large	28" to 31"	5.5" to 6.5"	

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