

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

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

Shipping Preference	Billing Address: _____	Shipping Address: _____
<input type="checkbox"/> Ground	_____	_____
<input type="checkbox"/> Next Day A.M.	City: _____	City: _____
<input type="checkbox"/> Next Day P.M.	State: _____	State: _____
<input type="checkbox"/> 2-Day A.M.	Zip _____	Zip: _____
<input type="checkbox"/> 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

This brace was fabricated (check box)

- Less than six months ago
- More than six months ago

Please tell us when you need this brace back

Product Type/Model: _____

Reason for Returning This Product

- Repair Service
In the Instructions section (below) or on an attached note, please indicate the existing problem that needs to be resolved.
- Remold/Remake
A new cast, digital leg scan or leg measurements is routinely required to remold/remake a custom or "customized" knee brace. In the Instructions section (below) or on an attached note, please describe the problem that needs to be resolved. Did you send a new cast mold and/or new measurements?
 Yes No
- Refurbish
Generally includes replacement of product parts including straps, pads, liners, hinge covers and refurbishing and realignment of joints. You can individually order only the replacement of specific parts if the entire brace does not need servicing. Please note the parts you want replaced in the Instructions section below.
- Refurbish & Repaint
Includes refurbish services as well as repainting of the brace (applies to paint finish or powdercoated braces). Repainting or new powdercoat finish is not covered by any warranty.

- Repaint *New paint or powdercoat finish (not covered under any warranty).*

INSTRUCTIONS

Issue(s) and what you want our staff to do

- Check this box if you want us to call and speak with you PRIOR to performing any repair work on this product.
- Check this box if you only want to be called if there will be non-warranty charges for servicing this product.

Please Provide Contact Information...

Your Name _____

Phone #: (____) _____

Email: _____

Townsend Internal Use Only

RECEIVED _____ SHIPPED _____