

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

Fit Date: _____

Patient's Last Name: _____

Patient's First Name: _____

Male Female **Age** _____

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

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

AirTownsend Air Lite

Model: ACL CombinedInstabilities
 Thigh Strap* GraphiteBand*

Thigh Shell Length

7" 8" Other_____"

Thigh Band Width

1.5" 2" 2.5" Other_____"

Tibia Shell Length

7" 8" 9" Other_____"

Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)

Hinges

TM5+ Hinges — Includes extension stop kit
 Optional flexion stop kit*
 Add optional extension assist bands/posts*

Hinge Material

6061 Aluminum *(standard, if no hinge material is indicated)*
 Stainless Steel*

Original Hinges* *Stainless (standard) includes extension stop kit*
 Condylar Pads: No Bi-Lateral Medial Lateral
 Optional flexion stop kit*
 Add optional extension assist bands/posts*

Tibia Shell Anti-Rotation Bolster (Air Townsend only)

Standard Minimal Soft No Bolster

Special Trim Lines (Air Townsend only)

Full Figure: For additional soft tissue containment
 No tibia shell hole *(Townsend Original)*
 Ski boot cut: 1/2 inch notched in distal tibia shell
 Rodeo: Medial thigh cut-out for rider comfort
 Customized Shell Design *(include instructions/drawing)*

Synergistic Suspension Strap Attachment

Standard attachment *(Lateral end recessed inside tibia shell)*
 Lateral end attached to outer shell *(for prominent fibular head)*

Color/Fabric Inlay

Black Royal Blue Sheer Teal*
 Beige Green Sheer Purple*
 Gray Burgundy US Flag Fabric*
 Red Clear Graphite Fabric
 Navy Blue Sheer Red* *-1 yard from patient**

Anti-Migration Silicon Infused Strap Pads*

Spooner Patella Stabilizing Attachment*

Brace Cover*

Pull On

Sleeves*

18" Cotton 22" Neoprene
 18" Neoprene 1/16" Comfort Thigh Sleeve
 C/S Wrap *(for compression and enhanced suspension)*

Special Instructions: _____

*Indicates additional charges apply