

Contact Information

☐ Clinician ☐ Fitter/Assistant/Tech ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

☐ CPO ☐ CO ☐ CP ☐ Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#: _____

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____

City: _____ State: _____ Zip: _____

Shipping Preference

☐ Ground

☐ Next Day AM

☐ Next Day PM

☐ 2-Day AM

☐ 2-Day PM

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

Patient Information

Fit Date: _____ Patient ID: _____

Age _____ Weight _____ (LBS) Height _____ (IN)

☐ Male ☐ Female Leg: ☐ Left ☐ Right

Ligament: ☐ ACL ☐ PCL ☐ LCL ☐ MCL

Meniscus Damage: ☐ Medial ☐ Lateral

Surgeries (type/date): _____

Please Follow Step-By-Step Cast Protocol Instructions

M-L measurement at knee center _____

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

Model ☐ AirTownsend U0020 ☐ Air Lite U0020-AL

Configuration

☐ ACL ☐ Combined Instabilities (PCL)*
☐ PCL Strap* ☐ PCL Rigid Band*

Thigh Shell Length ☐ 7" ☐ 8" ☐ Other _____

Thigh Band Width ☐ 1 1/2" ☐ 2" ☐ 2 1/2" ☐ 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
☐ Flexion stop kit*
☐ Add extension assist bands/posts*

Hinge Material

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

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
- ☐ 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)

Fabric Inlay

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

Options

- ☐ Anti-Migration Silicon Infused Strap Pads*
- ☐ Spooner Patella Stabilizing Attachment*
- ☐ X-treme Guard (Patella Protector)*

Brace Cover* ☐ Pull On

Sleeves*

- ☐ 18" Cotton ☐ 22" Neoprene
- ☐ 18" Neoprene ☐ 1/2" Comfort Thigh Sleeve
- ☐ C/S Wrap (for compression and enhanced suspension)

Special Instructions: _____
