

Ordered by: \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

BILLING: P.O. Number \_\_\_\_\_ Townsend Account # \_\_\_\_\_

Bill To: \_\_\_\_\_

Ship To: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Shipping Preference:  Ground  2-Day P.M.  2-Day A.M.  Next Day P.M.  Next Day A.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's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

Male  Female Age \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

**Leg**  Left  Right

**Ligament:**  ACL  PCL  LCL  MCL

**Meniscus Damage:**  Medial  Lateral

Surgeries (type/date): \_\_\_\_\_

**Model**

ACL  Combined Instabilities (choose strap or band)  
 PCL Strap\*  PCL Rigid Band\*

**Thigh Shell Length**

7 Inch  8 Inch

**Tibia Shell Length**

6 Inch  7 Inch  8 Inch

**Tibia**

C: Anterior Single Band  
 D: Posterior Single Band  
 E: Double Band\* (7" or 8" only)  
 Single Strut KAFO (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\*

**Finish and Color**

Powdercoat Finish

Black  Antique Pewter  Royal Blue  Burgundy

High Gloss Paint Finish

Black  Royal Blue  Burnt Orange  Dark Violet  
 Emerald Green  Steel Blue  Quicksilver  
 Indy Yellow  Burgundy  White  Beige  
 Custom Paint Finish\* -- Indicate Custom Paint # \_\_\_\_\_  
 Custom Hydro Dip Finish\* Provide Hydro Film # \_\_\_\_\_

**Options**

C/S Package\* (for dynamic compression and enhanced suspension)  
 No wraparound attachment of Synergistic Suspension Strap (recommended if patient has a prominent fibular head)  
 Anti-Migration Silicon Infused Strap Pads\*  
 Spooner Patella Stabilizing Attachment\*

**Brace Cover\***

Posterior Closure  
 Pull On

**Undersleeves\***

18" Cotton  18" Neoprene  22" Neoprene

**Thigh Sleeves\***

1/16 Comfort Thigh Sleeve

**M-L measurement at knee center** \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* Indicates additional charges apply

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).