

General Information

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): _____

Prescribing Physician: _____

If there is a question about this order, who should we contact?

Name: _____ Phone: _____

Email: _____

BILLING: P.O. Number _____

Townsend Account Number: _____

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Attention: _____

Fit Date: If known, please indicate the date you are scheduled to fit the patient: _____

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 brace will be shipped 2 Day P.M.)

Note: We do not ship new or repaired braces directly to patients.

Polio Knee Braces

***Indicates additional charges apply**

FULL SHELL POLIO BRACE

LENGTH Tibia Shell: 7" 8" Other ____"

Thigh Shell: 7" 8" Other ____"

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

STRAPS 4 Straps 5 Straps

Color/Fabric Inlay

Black Beige Gray Red Navy Blue

Royal Blue Green Burgundy

Clear Graphite (Black) Sheer Red*

Sheer Teal* Sheer Purple*

Fabric -1 yard from patient* U.S.A. Flag Fabric*

Please complete hinge selections, far right column

PREMIER POLIO KNEE BRACE

3 Rigid Bands: Anterior thigh band, & 2 posterior calf bands

4 Rigid Bands: Anterior & posterior thigh bands &
2 posterior tibia bands (requires minimum 9 inch thigh shell)

Thigh Shell Length: 7" 8" (3 band model)
 9" 10" (required for 4 band model)

Tibia Shell Length: 8" 9"

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

Finish and Color

Powdercoat Finish (Lightest, Most Durable Finish)

Black Antique Pewter (Silver)

Royal Blue Burgundy

High Gloss Paint Finish

Black Royal Blue Burgundy Beige

Emerald Green White Burnt Orange Dark Violet

Steel Blue Quicksilver Indy Yellow

Custom Paint Finish* -- Indicate Custom Paint # _____

Must be completed (for all orders)

Select Hinge Position and Type of Hinges

Set the terminal extension of the hinges to cast position; OR Set terminal extension at: 0° 5° 10° 15° Other ____°

Free Knee 5 Bar Hinges (Highest Strength)

Optional Extension Stop Kit (-3, 0, 5, 10, 15 and 20 degrees)*

No Flexion Stops

Set Flexion Stops at: __15; __30; __45; __60; __75; __90 degrees

Note: Flexion stops are semi-permanent (can only be removed at factory)

Optional Condylar Pads: No Both Medial Lateral

Original Hinges (Full Shell model, only)

Extension Stop Kit Flexion Stop Kit*

Condylar Pads: None Both Medial Lateral

Install Extension Assist Bands/Posts*

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve

Special Instructions: _____

TOWNSEND'S SHIPPING DEPARTMENT USE ONLY

NEW BRACE SERVICE -- Original Brace Returned? Yes No

New Cast Sent? Yes No Plaster Synthetic

RECEIVED _____ SHIPPED VIA _____

Townsend Design

4615 Shepard St., Bakersfield, CA, 93313

Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722