

General Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____ Height _____ Weight _____

Work/Activities: Activities of Daily Living

Non-Contact Sports Contact Sports

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.

Air Townsend & Air Lite Ligament Knee Braces

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

*Indicates additional charges apply

Air Townsend Air Lite

Model

ACL Combined Instabilities
 Thigh Strap* Graphite Band*

Thigh Shell Length

7 Inch 8 Inch Other _____"

Thigh Band Width

1.5 Inches 2 Inches 2.5 Inches

Tibia Shell Length

7 Inch 8 Inch 9 Inch

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* Titanium*

Original Hinges* -- Titanium (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)

Color/Fabric Inlay

Black Beige Gray Red Navy Blue

Royal Blue Green Burgundy

Clear Graphite Sheer Red*

Sheer Teal* Sheer Purple*

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

Synergistic Suspension Strap Attachment

Standard attachment: Lateral end recessed inside tibia shell

Lateral end attached to outer shell
(for prominent fibular head)

Brace Cover*

Posterior Closure Style Pull On Style

Color: Black Blue

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

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

Special Instructions: _____

Berretta Medical Inc.

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