

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Phone (_____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

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): _____

Air Townsend Air Lite

Model

ACL
 Combined Instabilities (PCL)*
 Option: PCL Strap* PCL Rigid Band*

Thigh Shell Length

7 Inch 8 Inch Other _____"

Thigh Band Width

1.5" 2" 2.5"

Tibia Shell Length

7" 8" 9"

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

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)*
 Double Rivet Suspension Strap

Hinges

TM5+ Hinges - Includes extension stop kit
 6061 Aluminum *(standard, if no hinge material is indicated)*
 Stainless Steel*

Original Hinges* - Stainless *(standard) includes extension stop kit*

Hinge Options

Optional flexion stop kit*
 Add optional extension assist bands/posts*
 Condylar Pads: No Bi-Lateral Medial Lateral

Tibia Shell Anti-Rotation Bolster *(Air Townsend only)*

Standard Minimal No Bolster

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*

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: _____

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 1877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).

*Indicates additional charges apply