

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 order will be shipped 2 Day P.M.)

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

Custom Aluminum Functional Bracing

*Indicates additional charges apply

Model

Rebel

ACL
 Combined

Rebel Pro

ACL
 Combined

Rebel Lite

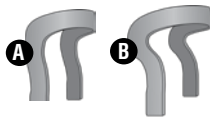
(only available in 13" length)
 ACL
 Combined

Thigh Shell Length 7 inch 8 inch

Tibia Shell Length 6 inch 7 inch 8 inch

Thigh Shell

Standard Thigh (A)
 MC Thigh (B) (Pro Model Only)



Hinges -- Includes extension stop kit

Optional Flexion Stop Kit*

Color

Gloss Black Textured Black Bengal White
 Bengal Silver Bengal Yellow Sparkle Red
 Electric Blue Sky Blue Violet Argento Gray
 Candy Green Sparkle Copper

CS Package* Semi-rigid padded inserts attached inside the thigh shell for dynamic compression and enhanced suspension



Spooner Patella Stabilizing Attachment*

Brace Cover*

Posterior Closure: Black Blue
 Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

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

TMD MEASUREMENT DATA

Skip the TMD Measurement section if you are submitting this order in one of the above methods.

Caliper Measurement of M-L Width Of The Knee: _____ inches

Thigh Circumference At Proximal Band: _____ inches

Tibia Circumference At Distal Band: _____ inches

That Correlated With The Varus/Valgus Angle of Tibia: _____

That Correlated With The Varus/Valgus Angle of Thigh: _____

Was Leg At Full Extension? Yes... Or Flexed At ____ Degrees

Cast Tape (select type, quality and tape width)

FAB SERIES (hybrid polyester) or FG SERIES (fiber glass)

Quantity: 2 Rolls 4 Rolls 6 Rolls

Width: 2" 3" 4" 5"

TOWNSEND'S SHIPPING DEPARTMENT USE ONLY

NEW BRACE SERVICE -- Original Brace Returned? Yes No

RECEIVED _____ SHIPPED VIA _____

Townsend Design

4615 Shepard St., Bakersfield, CA, 93313
Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722

Special Instructions: _____

