

# Townsend Casting Alternative System

Patient's Last Name: \_\_\_\_\_

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

Sex:  Male  Female    Leg:  Left  Right

YOU WILL NEED TO COMPLETE AND SUBMIT A PRODUCT ORDER FORM TO WITH THIS CAS FORM

## Brace Model You Are Ordering

Premier    Premier Reliever OA    Premier Reliever1 (PR1)

RebelPro    Rebel    RebelLite    Rebel Reliever OA

RelieverOne OA

What is the length of the brace you are ordering?

Thigh Shell:  7"  8"    Tibia Shell:  6"  7"  8"

**WHENEVER POSSIBLE, position the Measurement Bar on the MEDIAL side of the leg. If you must position the device on the lateral side of the leg, INDICATE that you deviated from the standard process.**

Bar was on Medial Side of Leg

Bar was on Lateral Side of Leg

## MEDIAL LEG CONTOUR & M-L WIDTHS

Write-in measurements in millimeters. If you provide measurements in inches, please include fractions.

### Caliper Measurement

M-L \_\_\_\_\_ MM

M-L \_\_\_\_\_ MM

M-L \_\_\_\_\_ MM

M-L \_\_\_\_\_ MM

M-L \_\_\_\_\_ MM

M-L \_\_\_\_\_ MM

M-L \_\_\_\_\_ MM

### Medial Contour Measurement

0 \_\_\_\_\_ MM

\_\_\_\_\_ MM

\_\_\_\_\_ MM

\_\_\_\_\_ MM

\_\_\_\_\_ MM

\_\_\_\_\_ MM

\_\_\_\_\_ MM

\_\_\_\_\_ MM



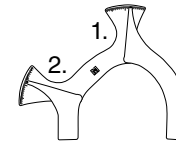
Write down mm aligned with point

KC

Always start by using the #8 Slide Arm to align the bar with the femur (line of progression)

## TIBIA ANGLE & MEASUREMENTS

Position the device (6, 7 or 8 inches below knee center) based on the tibia shell length you are ordering. Adjust the arms to achieve total contact with the medial and lateral sides of the tibia. Provide the following data:

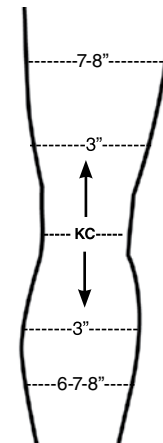


- 1) Lateral Arm measures \_\_\_\_\_ mm
- 2) Medial Arm measures \_\_\_\_\_ mm

## FOUR LEG CIRCUMFERENCES

Use a tape measure to take leg circumference measurements. Write the measurements, below. Please include fractions (1/8, 1/4, 1/2 3/4).

- 1) Measure circumference at height on the thigh that corresponds with the top end of the brace (7" or 8" above knee center).
- 2) Measure circumference of leg three inches above knee center
- 3) Measure circumference of leg three inches below knee center
- 4) Measure circumference at height on the tibia that corresponds with the bottom end of the brace (6", 7" or 8" below knee center).



- 1. \_\_\_\_\_ Inches  
(Based on brace length)  
7 or 8 inches  
above Knee Center
- 2. \_\_\_\_\_ Inches
- 3. \_\_\_\_\_ Inches
- 4. \_\_\_\_\_ Inches  
(Based on brace length)  
6, 7 or 8 inches  
below Knee Center

If you have questions or need assistance, please call 800.432-3466.  
Fax this form with the completed custom brace order form to:

**661.837.0613**