

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 OA Bracing

*Indicates additional charges apply

Model

Rebel Reliever RelieverOne

Compartment

Medial Compartment Lateral Compartment

NOTE: On RelieverOne braces, the hinge is positioned on the medial side for lateral unloading

Shell Lengths

Thigh shell extends 7" to 9" on Rebel Reliever braces

Thigh Shell Length 7 inch 8 inch

Tibia 7 inch 8 inch (RelieverOne only)

TM5+ Hinges -- Includes Extension Stops

Optional Flexion Stop Kit*

Rebel Reliever Colors

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

RelieverOne Colors Black Silver

CS Package* (only available for Rebel Reliever)

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: _____
