

General Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____ Height _____ Weight _____

Leg: Left Right

Surgeries (type/date): _____

Describe injury and/or clinical diagnosis: _____

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.

Full Shell Trigger Lock Knee Brace

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**

Model

Standard (with anterior thigh and calf shells)

Polio (anterior thigh shell, posterior calf shell)

Thigh Shell Length

7 Inch 8 Inch 9 Inch Other _____"

Tibia Shell Length

8 Inch 9 Inch Other _____"

Single Strut KAFO With Heel Cup

(Must Complete Additional Form For Brace Extension)

REQUIRED INFORMATION

LOCKED POSITION (Must be completed)

Set hinges to LOCK at cast position; or this degree:

0 5 10 15

Joint Options

Single Pivot (lowest profile - no free motion)

5 Bar Trigger Locks

5 Bar Trigger Locks with Free Motion

Additional Options

Cable Release*

Twist Release (centered on upper band)

Push Lever Release (no free motion)

Lateral Side (recommended) Centered On Band

Extension Assist Bands/Posts*

Condylar pads

No Medial Lateral Both

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*

Undersleeves*

18" Cotton 18" Neoprene

22" Neoprene

Thigh Sleeves*

1/8 Atrophy Thigh Sleeve

1/16 Comfort Thigh Sleeve

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"

Special Instructions: _____

TOWNSEND'S SHIPPING DEPARTMENT USE ONLY

NEW BRACE SERVICE -- Original Brace Returned? Yes No

RECEIVED _____ SHIPPED VIA _____

Townsend Design

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