General Information

Patient's Last Name: _____

Patient's First Name: _____

☐ Male ☐ Female Age ____ Height _____ Weight _____

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.

Motocross Knee Bracing

Web & Motocross Air Ligament Knee Braces

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**

☐ **Web Brace**
Only offered with aluminum TM5+ hinges in 17" length, with clear graphite shells.

Includes EVS patella guard and additional pad set without the patella guard.

No additional options need to be marked except options listed in the far right column.

☐ **Motocross Air**
Includes EVS patella guard and additional pad set without the patella guard

Thigh Shell

Length ☐ 7 Inch ☐ 8 Inch ☐ 9 Inch

Tibia Shell

Length ☐ 7 Inch ☐ 8 Inch ☐ 9 Inch Other_____"

TM5+ Hinges (includes extension stop kit)

☐ Optional Flexion Stop Kit*

Hinge Material

☐ 6061 Aluminum ☐ Stainless Steel* ☐ Titanium*

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

Options

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

4615 Shepard St., Bakersfield, CA, 93313

Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722