

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.

Premier 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**

Model ACL
 Combined Instabilities (choose strap or band)
 PCL Strap* PCL Rigid Band*

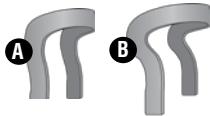
Thigh Shell Length 7 Inch 8 Inch

Tibia Shell Length 6 Inch 7 Inch 8 Inch

Thigh

A: Standard

B: Maximum Control (MC)



Tibia

C: Anterior Single Band

D: Posterior Single Band

E: Double Band* (7" or 8")

Single Strut KAFO (Must Complete Additional Form For Brace Extension)



TM5+ Hinges -- Includes extension stop kit

Optional Flexion Stop Kit*

Add optional extension assist bands/posts*

TM5+ Hinge Material

6061 Aluminum Stainless Steel* Titanium*

Finish and Color

Powdercoat Finish

Black Antique Pewter

Royal Blue Burgundy

High Gloss Paint Finish

Black Royal Blue Burnt Orange

Dark Violet Emerald Green Steel Blue

Quicksilver Indy Yellow Burgundy

White Beige

Custom Paint Finish* -- Indicate Custom Paint # _____

Options

C/S Package*

Compliance/Suspension semi rigid padded inserts added to thigh shell to increase dynamic compression and enhance suspension.

No wraparound attachment of Synergistic Suspension Strap

(recommended if patient has a prominent fibular head)

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

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: _____
