

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

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.

Townsend Premier Ankle Brace

Using synthetic tape, cast full weight bearing is best (unless it enhances the deformity/instability). Exceed by one inch the desire foot plate length and shell height, with any desired posting and clear definition of bony landmarks.

***Indicates additional charges apply**

ANKLE/FOOT EVALUATION (WEIGHT BEARING)

Ankle movement is: Flexible; or Rigid

Weight bearing ankle position is: Neutral

Inverted _____ degrees Everted _____ degrees

POSTING FOR INVERTED/EVERTED CORRECTION

Use external posts for inverted/everted correction. Indicate posting:

Lat. Heel Post _____ mm Med. Heel Post _____ mm

Lat. Forefoot Post _____ mm Med. Forefoot Post _____ mm

CAST MOLD CORRECTIONS

Casted Weight Bearing; Semi WB; Non WB

Casted in corrected position, or need to correct:

Forefoot Supination Hindfoot Inversion

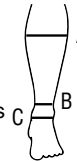
Forefoot Pronation Hindfoot Eversion

PROVIDE M.L. MEASUREMENTS

A) M-L at widest point on the calf: _____ inches

B) M-L at smallest aspect of the lower leg: _____ inches

C) M-L at the ankle joint: _____ inches



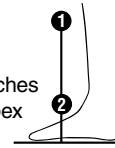
PROVIDE HEIGHT MEASUREMENTS

1. Measurement from the floor to the apex

(widest point) of the calf muscle: _____ inches

2. Measurement from the floor to the lateral apex

of the ankle: _____ inches



CHOOSE MODEL

PTS-- Posterior Tibia Shell with Standard Joints

ATS -- Anterior Tibia Shell with Standard Joints

SU/ATS -- Single Upright, Anterior Tibia Shell with Standard Joints

SU/PTS -- Single Upright, Anterior Tibia Shell with Standard Joints

PTS/TJ -- Posterior Tibia Shell with Tammarack Joints

Standard Tammarack Joints* Dorsi Assist Tammarack Joints*

CHOOSE JOINT ADDITIONS

Add Dorsi Assist Bands* Add Adj Plantar Stop* (PST/TJ model only)

INDICATE SIDE HEIGHT OF THE SHELL

NOTE: Posterior shell is routinely trimmed shorter than the sides.

9 inches 10 inches 11 inches

12 inches 13 inches Other _____



INDICATE FOOT PLATE OPTIONS

Carbon Graphite* Opaque Polypro Black Polypro

Heel Cup Proximal to the Metatarsal Heads

Toe Sulcus* Trim to toes*

Open Heel Full Heel

No foot plate padding 1/8 inch arch pad*

Line entire foot plate with 1/8 inch padding*

Line sole with 1/8 inch; no padding on sides*

Finish and Color

Powdercoat Finish (Lightest, Most Durable Finish)

Black Antique Pewter (Silver)

Royal Blue Burgundy

High Gloss Paint Finish

Black Royal Blue Burgundy Beige

Emerald Green White Burnt Orange

Dark Violet Steel Blue Quicksilver Indy Yellow

Custom Paint Finish* -- Indicate Custom Paint # _____

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: _____
