

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 Reliever & Premier Reliever1

OA Unloading 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 this option is not offered on Reliever1 model
*Indicates additional charges apply

Model

Premier Reliever (dual hinge knee brace)

Premier Reliever1 (single hinge knee brace)

Compartment

Medial Compartment Lateral Compartment

Thigh Shell Length

7 Inch 8 Inch

Tibia Shell Length

7 Inch 8 Inch

Tibia Shell

A: Single Band

▶ B: Anterior Double Band*

C: Posterior Band

Single Strut KAFO With Heel Cup

(Must Complete Additional Form For Brace Extension)



Premier Reliever is fabricated with TM5+ Hinges and includes an adjustable extension stop kit

Optional Flexion Stop Kit*

Add optional extension assist bands/posts*

Hinge Material Options (dual hinge Premier Reliever only)

6061 Aluminum (required for adjustable correction LOADSHIFTER)

Stainless Steel (brace will be fabricated without LOADSHIFTER)

Titanium (brace will be fabricated without LOADSHIFTER)

Premier Reliever1 is fabricated with an aluminum TM6 Hinge and includes an adjustable extension stop kit.

Optional Flexion Stop Kit

Finish and Color

Powdercoat Finish

Black Antique Pewter (Silver)

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*** (only offered on dual hinge Premier Reliever)
Compliance/Suspension semi rigid padded inserts added to thigh shell to increase dynamic compression and enhance suspension.

Synergistic Suspension Strap

No wraparound attachment of Synergistic Suspension Strap (recommended if patient has a prominent fibular head)

Accessories

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: _____
