

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.

Premier 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

Three Bands (One thigh, two tibia)

Four Bands (Two thigh, two tibia)

Anterior Bands **Polio** (Anterior thigh, posterior calf)

Thigh Shell Length

7 Inch 8 Inch 9 Inch Other _____"

Tibia Shell Length

7 Inch 8 Inch 9 Inch Other _____"

Single Strut KAFO With Heel Cup*
(Must Complete Additional Form For Brace Extension)

C/S Package*

(Three band model only) Compliance/Suspension semi-rigid padded inserts added to thigh shell to increase dynamic compression and enhanced suspension.

REQUIRED INFORMATION

LOCKED POSITION (Must be completed)

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

0 5 10 15

Select 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

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

Indy Yellow Quicksilver

Custom Paint Finish* Indicate Custom Paint # _____

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: _____
