

General Information

Ordered by : _____

Phone: _____

Patient's Name: _____

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.

Sizing Reference & Ordering Instructions

X-Small

6" above: 12.5" to 15.5" 6" below: 11" to 12.25" M-L width: 3" to 3.5"

Small

6" above: 15.5" to 18.5" 6" below: 12.25" to 13.75" M-L width: 3.5" to 4"

Medium

6" above: 18.5" to 21" 6" below: 13.25" to 15" M-L width: 4" to 4.5"

Large

6" above: 21" to 23.5" 6" below: 14.25" to 15.75" M-L width: 4.5" to 5"

X-Large

6" above: 23.5" to 25" 6" below: 15" to 17" M-L width: 5" to 5.5"

XX-Large

6" above: 25" to 28" 6" below: 17" to 19" M-L width: 5.5" to 6"

XXX-Large (thigh only)

6" above: 28" to 31" 6" below: 18" to 20" M-L width: 5.5" to 6.5"

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 7:00 a.m. and 4:00 p.m. (PST).

RelieverOne OA Unloading Knee Braces

***Indicates additional charges apply**

Compartment

Medial Compartment Lateral Compartment

Leg Right Left

Thigh Shell Length 7 inch 8 inch

Tibia Shell Length 7 inch 8 inch

Corrective Force Setting

Adjustable Model
(includes torque wrench for adjusting paddle correction and angulation)

Tool-Free Models (pre-set paddle position)

Minimum Correction (thin patients and/or mild OA)

Standard Correction (patients with mild to moderate OA)

Maximum Correction (heavy patient and/or moderate to severe OA)

Color

Black Silver (Only available in sizes SM - XXL)

TM6 Hinge -- Includes extension stop kit

Optional Flexion Stop Kit*

Spooner Patella Stabilizing Attachment*

Brace Cover*

Posterior Closure: Black Blue

Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

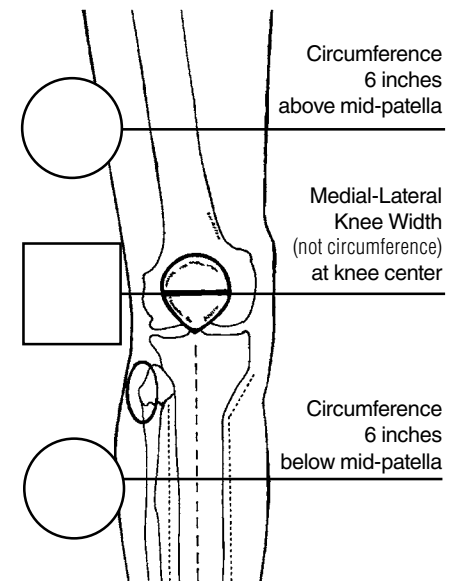
1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve

Special Instructions: _____

If your patient has proportional leg sizing (see sizing reference, above) or if you are ordering a brace for stock inventory please select from the size options. However, if you would prefer to have Townsend customize the assembly of your patient's brace at no addition charge please provide leg measurements beside the illustration, below.

Size X-Small Small Medium Large
 X-Large XX-Large XXX-Large

3 MEASUREMENTS: **"CUSTOMIZED"**
ASSEMBLY (NO ADDED CHARGE)



Townsend Design

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Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722