

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference
 Ground
 Express

Billing Address: _____ Shipping Address: _____

 City: _____ City: _____
 Province: _____ Postal Code: _____ Dfcj ince: _____ Postal Code: _____

Patient Information

Patient's Last Name: _____

Patient's First Name: _____

Male Female Age _____

Weight _____ (LBS) Height _____ (IN)

Leg: Left Right

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

Matte Finish

- Black (Standard) Grey White
- Atlantic (Light Blue) Red

Satin Finish

- Lemon Orange Lime
- Fuchsia Pacific (Dark Blue)

TM6 Hinge -- Includes extension stop kit

- Optional Flexion Stop Kit*
- Anti-Migration Silicon Infused Strap Pads*

Brace Cover*

Posterior Closure Pull On

Undersleeves*

18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

1/16 Comfort Thigh Sleeve

Size

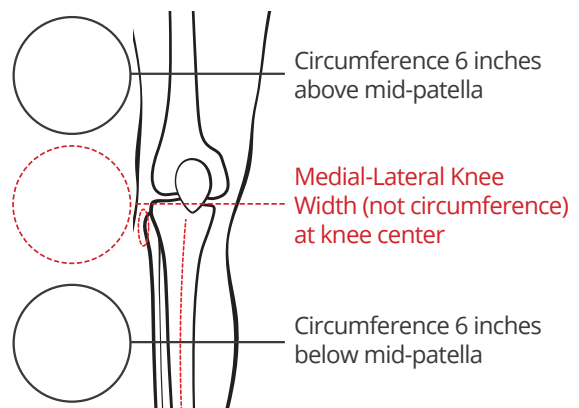
- X-Small X-Large Small Medium Large
- XX-Large XXX -Large/XXL Lower

Sizing Reference

	6" above	M-L width	6" below
X-Small	12.5" to 15.5"	3" to 3.5"	11" to 12.5"
Small	15.5" to 18.5"	3.5" to 4"	12.25" to 13.75"
Medium	18.5" to 21"	4" to 4.5"	13.25" to 15"
Large	21" to 23.5"	4.5" to 5"	14.25" to 15.75"
X-Large	23.5" to 25"	5" to 5.5"	15" to 17"
2X-Large	25" to 28"	5.5" to 6"	17" to 19"
3X-Large	28" to 31"	5.5" to 6.5"	

3 Measurements: "Customized" Assembly (No Added Charge)

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.



*Indicates additional charges apply