

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

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 products directly to patients.

Casting Protocol: 18-20 inch length; non-weight bearing, foot dorsiflexed; quad relaxed; landmarks indicated; cut off back of the leg.

Patient's Last Name: _____

Patient's First Name: _____

Male Female

Age _____ Height _____ Weight _____

Leg: Left Right

Ligament: ACL PCL LCL MCL

Meniscus Damage: Medial Lateral

Surgeries (type/date): _____

Model

- Premier Reliever *(dual hinge knee brace)*
- Premier Reliever1 *(single hinge knee brace)*
 ▶ Indicates this option is not offered on Reliever1 model

Compartment

- Unload Medial Unload Lateral Dual Loadshifters

Thigh Shell Length 7 Inch 8 Inch
 Tibia Shell Length 7 Inch 8 Inch

Tibia

- C: Anterior Single Band
- D: Posterior Single Band
- E: Double Band*
- Single Strut KAFO With Heel Cup
(Must Complete Additional Form For Brace Extension)



Premier Reliever

(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)*

Premier Reliever1

(fabricated with an aluminum TM6 Hinge and includes an adjustable extension stop kit).

- Optional Flexion Stop Kit

Finish and Color

- Textured Powdercoat Finish
 - Black Antique Pewter 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 # _____
- Hydrodip Finish # _____

► **Options**

- C/S Package* *(for dynamic compression and enhanced suspension)*
- No wraparound attachment of Synergistic Suspension Strap
(recommended if patient has a prominent fibular head)
- Anti-Migration Silicon Infused Strap Pads*
- Spooner Patella Stabilizing Attachment*

Brace Cover*

- Posterior Closure
- Pull On

Undersleeves*

- 18" Cotton 18" Neoprene 22" Neoprene

Thigh Sleeves*

- 1/16 Comfort Thigh Sleeve

M-L measurement at knee center _____

Special Instructions: _____

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 6:00 a.m. and 4:00 p.m. (PST).

*Indicates additional charges apply