

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.

Patient's Last Name: _____**Size****Patient's First Name:** _____

| | | | |
|----------------------------------|--|---------------------------------|--------------------------------|
| <input type="checkbox"/> X-Small | <input type="checkbox"/> Small | <input type="checkbox"/> Medium | <input type="checkbox"/> Large |
| <input type="checkbox"/> X-Large | <input type="checkbox"/> XX-Large (Pro model only) | | |

 Male Female Age _____ Height _____ Weight _____

| | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| Rebel | Rebel Pro | Rebel Lite |
| <input type="checkbox"/> ACL | <input type="checkbox"/> ACL | <input type="checkbox"/> ACL |
| <input type="checkbox"/> Combined | <input type="checkbox"/> Combined | <input type="checkbox"/> Combined |

Leg Left Right**Thigh Shell Length** 7 Inch 8 Inch**Tibia Shell Length** 6 Inch 7 Inch 8 Inch**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" |
| XX-Large | 25" to 28" | 5.5" to 6" | 17" to 19" |

TM5+ Hinges (Includes Extension Stops) Optional Flexion Stop Kit* Add optional extension assist bands/posts* (Pro Model Only)**Standard Colors** (In stock) Argento Gray Textured Black**Non-stock Colors** (Brace may ship next business day)

| | | | |
|--|--|---------------------------------------|---|
| <input type="checkbox"/> Bengal Silver | <input type="checkbox"/> Bengal Yellow | <input type="checkbox"/> Bengal White | <input type="checkbox"/> Violet |
| <input type="checkbox"/> Gloss Black | <input type="checkbox"/> Electric Blue | <input type="checkbox"/> Sky Blue | <input type="checkbox"/> Sparkle Copper |
| <input type="checkbox"/> Candy Green | <input type="checkbox"/> Sparkle Red | | |

 CS Package* (For dynamic compression and enhanced suspension) **Spooner Patella Stabilizing Attachment*****Brace Cover***

| |
|--|
| <input type="checkbox"/> Posterior Closure Style |
| <input type="checkbox"/> Pull On Style |

Undersleeves* 18" Cotton 18" Neoprene 22" Neoprene**Thigh Sleeves*** 1/8 Atrophy Thigh Sleeve 1/16 Comfort Thigh Sleeve**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.

