

Ordered by: _____ Phone # (_____) _____ Patient's Name: _____

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.

The brace you order is determined by the leg, affected knee compartment, and size.

The Active Reliever features a universal (left or right leg) sleeve. The brace can be ordered with the hinge mounted on the left side of the sleeve or the right side of the sleeve. **THE HINGE SHOULD ALWAYS BE ON THE INJURED/DAMAGED SIDE OF THE KNEE.**

☐ Left Leg Medial OA / Right Leg Lateral OA

☐ Right Leg Medial OA / Left Leg Lateral OA

Size

☐ X-Small ☐ Small ☐ Medium ☐ Large

☐ X-Large ☐ XX-Large ☐ XXX-Large

Optional

☐ Flexion Stop Kit

Sizing Reference

(6" above mid patella)

X-Small	13" to 15"
Small	15" to 18"
Medium	18" to 21"
Large	21" to 23"
X-Large	23" to 26"
XX-Large	26" to 29"
XXX-Large	29" to 32"

Townsend Design

4615 Shepard St., Bakersfield, CA, 93313
Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722

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).