

**Account Contact Information**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Billing and Shipping**

PO# \_\_\_\_\_ Billing Account #: \_\_\_\_\_ Shipping Account #: \_\_\_\_\_

**Shipping Preference**

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.

Billing Address: \_\_\_\_\_ Shipping Address: \_\_\_\_\_

City: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.*

**Patient Information**

Patient's Last Name: \_\_\_\_\_

Patient's First Name: \_\_\_\_\_

Male  Female Age \_\_\_\_\_

Weight \_\_\_\_\_ (LBS) Height \_\_\_\_\_ (IN)

Leg:  Left  Right

**Compartment**

- Medial** (hinge on medial side)
- Lateral** (hinge on lateral side)

Leg  Left  Right

**Thigh Shell Length**  7 Inch  8 Inch

**Tibia Shell Length**  7 Inch  8 Inch

**Color**

**Matte Finish**

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

**Satin Finish**

- Lemon  Orange  Lime
- Fuchsia  Pacific (Dark Blue)

**TM5+ Hinge** — Includes Extension Stops

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

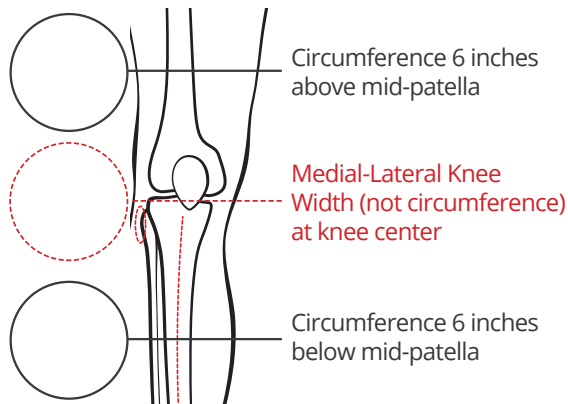
**Size**

- X-Small  Small  Medium
- Large  X-Large  XX-Large

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"

**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