THUASNE **Custom** Aluminum **Osteoarthritis** Bracing Solutions

Ordered by: _____ Phone # (_____) _____

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

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

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

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

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: _____

Patient's First Name: _____

☐ **Male** ☐ **Female**

Age _____ **Height** _____ **Weight** _____

Work/Activities:
☐ Activities of Daily Living ☐ Non-Contact Sports
☐ Contact Sports

Leg: ☐ Left ☐ Right

Ligament: ☐ ACL ☐ PCL ☐ LCL ☐ MCL

Meniscus Damage: ☐ Medial ☐ Lateral

Surgeries (type/date): _____

Model

☐ Rebel Reliever ☐ RelieverOne

NOTE: On RelieverOne braces, the hinge is positioned on the medial side for lateral unloading

Compartment
☐ Medial Compartment
☐ Lateral Compartment

Shell Lengths

Thigh Shell ☐ 7 inch ☐ 8 inch
Thigh shell length is adjustable from 7" – 9"

Tibia Shell ☐ 7 inch ☐ 8 inch

TM5+ Hinges – Includes Extension Stops

☐ **Optional Flexion Stop Kit***

Rebel Reliever Colors

☐ Gloss Black	☐ Textured Black	☐ Bengal White
☐ Bengal Silver	☐ Bengal Yellow	☐ Sparkle Red
☐ Electric Blue	☐ Sky Blue	☐ Violet
☐ Argento Gray	☐ Candy Green	☐ Sparkle Copper

RelieverOne Colors
☐ Black ☐ Silver

☐ **CS Package*** (only avaiable for Rebel Reliever)
Semi-rigid padded inserts attached inside the thigh shell for dynamic compression and enhanced suspension

■ **Spooner Patella Stabilizing Attachment***

Brace Cover*

☐ **Posterior Closure:** ■ Black ☐ Blue

☐ Pull On

Undersleeves*
☐ 18" Cotton ☐ 18" Neoprene ☐ 22" Neoprene

Thigh Sleeves*
☐ 1/16 Comfort Thigh Sleeve

TMD MEASUREMENT DATA

Caliper Measurement of
M-L Width Of The Knee: _____ inches

Thigh Circumference At Proximal Band: ___ inches

Tibia Circumference At Distal Band: ___ inches

That Correlated With The
Varus/Valgus Angle of Tibia: ____

That Correlated With The
Varus/Valgus Angle of Thigh: ____

Was Leg At Full Extension? ☐ Yes **Or** Flexed At ___ Degrees

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*

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www.ThuasneUSA.com

TOWNSEND
THUASNE USA