

General Information

Patient's Last Name: _____

Patient's First Name: _____

☐ Male ☐ Female Age _____ Height _____ Weight _____

Activities: ☐ Activities of Daily Living

☐ Non-Contact Sports ☐ Contact Sports

Arm: ☐ Left ☐ Right

Describe injury and/or clinical diagnosis: _____

Prescribing Physician: _____

If there is a question about this order, who should we contact?

Name: _____ Phone: _____

Email: _____

BILLING: P.O. Number _____

Townsend Account Number: _____

Bill To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Fax: _____

Ship To: _____

Address: _____

City: _____

State: _____ Zip Code: _____ Country: _____

Phone: _____ Attention: _____

Fit Date: If known, please indicate the date you are scheduled to fit the patient: _____

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 brace will be shipped 2 Day P.M.)

Note: We do not ship new or repaired braces directly to patients.

Townsend Custom Elbow Brace

For post-injury, post surgical-conditions requiring range of motion control. This rigid carbon graphite, dual hinge brace is commonly prescribed for hyperextension injuries.

Casting Protocol

The cast should be taken with the arm in a natural hanging position at the side of the body, which places the elbow in about 25 degrees of flexion. The forearm should be parallel to the side of the leg. The cast should extend from just proximal to the wrist up to the arm pit -- or at least 6 inches above and below the elbow joint. The cutting strip should run down the anterior of the arm through the cubital fold. The following landmarks should be outlined with an indelible pencil: Olecranon, medial and lateral Humeral Epicondyles, Cubital Fold and proximal and distal margins of the brace.

Measurements

What is the measurement from the elbow crease to ulnar styloid? _____ inches

What is the measurement from the ulnar styloid to palmar crease? _____ inches

Ordering Options

Shell Color

☐ Clear Graphite (Black) ☐ Black ☐ Beige
☐ Gray ☐ Red ☐ Navy Blue ☐ Royal Blue
☐ Green ☐ Burgundy

Extension/Flexion Stops

☐ Send Extension/Flexion Stop Kit
☐ Set Extension Stops: ☐ 0 ☐ 15 ☐ 30 ☐ 45
☐ Set Flexion Stops: ☐ 90 ☐ 110 ☐ 120

Would you like the brace fabricated with an adjustable/removable extension bar and hand grip?

☐ Yes ☐ No

(No additional charge for this option)



Optional/Removable hand grip

TOWNSEND'S SHIPPING DEPARTMENT USE ONLY

NEW BRACE ☐ SERVICE -- Original Brace Returned? ☐ Yes ☐ No

New Cast Sent? ☐ Yes ☐ No ☐ Plaster ☐ Synthetic

RECEIVED _____ SHIPPED VIA _____

Townsend Design

4615 Shepard St., Bakersfield, CA, 93313

Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722

Special Instructions: _____
