

Contact Information

Clinician Fitter/Assistant/Tech Other: _____
 Name: _____
 Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____
 Name: _____
 Email: _____ Phone: _____

Billing & Shipping

PO#:

Billing Account#: _____
 Shipping Account#: _____

Shipping Address: _____
 City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

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

Patient Information

Fit Date: _____ Patient ID: _____

Models

- BOA LP with Chair Backe (L0637)**
 Size/Quantity: ___ S ___ M ___ L ___ XL
 ___ 2XL ___ 3XL
- BOA SI Belt (L0621)**
 Size/Quantity: ___ S ___ M ___ L ___ XL
- BOA Dual TLSO (L0460)**
 Size/Quantity: ___ S ___ M ___ L ___ XL
 ___ 2XL

Accessories (additional charges apply)

- Standard Chairback - 51015**
 Size/Quantity: ___ XS ___ S ___ M ___ L
 ___ XL
- Short Chairback - 51016**
 Size/Quantity: ___ M ___ L ___ XL ___ 2XL
 ___ 3XL
- 8" Slim Panel XTR (panel only) - 510230**
- 7° Lordotic Insert (pair) - 510150**
- 10° Lordotic Insert (pair) - 510151**
- 12° Lordotic Insert (pair) - 510152**

Sizing Reference	Part #	SM	MD	LG	XL	2XL	3XL
BOA LP with Chairback (8")	51020-x	25"- 30"	30"- 35"	35"- 40"	40"- 45"	45"- 50"	50"- 55"
BOA SI Belt	51024-x	25"- 35"	35"- 45"	45"- 55"			
BOA Dual TLSO	51050-x	25"- 30"	30"- 35"	35"- 42"	42"- 48"	48"- 57"	

*Indicates additional charges apply

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Received Date Thuasne USA's shipping department use only