

# Shoulder Immobilizers

Rehabilitation Solutions

### 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: \_\_\_\_\_

### Abduction Pillow Is Set At 30°

**Elite Shoulder Sling**

Size/Quantity: \_\_\_\_\_ S/M 54-003   \_\_\_\_\_ L/XL 54-004

**Townsend Shoulder Sling**

Size/Quantity: \_\_\_\_\_ S/M 54-001   \_\_\_\_\_ L/XL 54-002

**Aero Sling**

Size/Quantity: \_\_\_\_\_ Universal 54-006

\*Indicates additional charges apply

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**Received Date** *Thuasne USA's shipping department use only*