

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: _____

For all Shoulder and Elbow supports, please reference the catalog or website for specific sizing and description of each of the products listed on the order form.

Silistab Epi

Product Code **230502**

| Size | Arm | Quantity |
|----------------------------|-----------|----------|
| <input type="checkbox"/> 1 | Universal | |
| <input type="checkbox"/> 2 | Universal | |
| <input type="checkbox"/> 3 | Universal | |
| <input type="checkbox"/> 4 | Universal | |
| <input type="checkbox"/> 5 | Universal | |
| <input type="checkbox"/> 6 | Universal | |

Clavicular Straps Ligaflex

Product Code **245002**

| Size | Quantity |
|------------------------------------|----------|
| <input type="checkbox"/> Universal | |

Epi-Med

Product Code **T48001**

| Size | Arm | Quantity |
|-----------------------------|-----------|----------|
| <input type="checkbox"/> XS | Universal | |
| <input type="checkbox"/> SM | Universal | |
| <input type="checkbox"/> MD | Universal | |
| <input type="checkbox"/> LG | Universal | |
| <input type="checkbox"/> XL | Universal | |

Immo Classic

Product Code **244501**

| Size | Arm | Quantity |
|----------------------------|-----------|----------|
| <input type="checkbox"/> 1 | Universal | |
| <input type="checkbox"/> 2 | Universal | |
| <input type="checkbox"/> 3 | Universal | |
| <input type="checkbox"/> 4 | Universal | |

Immobilization Vest

Product Code **138502**

| Size | Arm | Quantity |
|----------------------------|-----------|----------|
| <input type="checkbox"/> 1 | Universal | |
| <input type="checkbox"/> 2 | Universal | |
| <input type="checkbox"/> 3 | Universal | |

Replacement of the product or compromised components will be provided for material defects, fabrication errors or unnatural wear to the hinges, straps or sleeve within the first six months

*Indicates additional charges apply

OF-052 REV. C

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