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Date		Date Needed		P.O. #	
BILLING INFORMAT	ION				
Facility	ON	Contact Name			
Billing Address		Contact Name			
Dity		State		Zip	
Phone		Fax		Διρ	
THOTHE		. GA			
SHIPPING INFORMA	TION				
acility		Shipping Address			
Dity		State		Zip	
Phone		Fax			
SHIP VIA UPS					
Next Day Air	Next Day Sav	rer 2nd Day Air	3rd	Day Gro	und
Name Physician			Height Weight Age Diagnosis		
Special Instructions:					
Prefabricated Elbow Flexion/Extension Brace		Prefabricated Knee Flexion/Extension Brace		Hip Abduction Orthosis See size chart on back for measurements.	
(with removable knob) - See size chart on back for measurements.		(with removable knob) - See size chart on back for measurements.		Pelvic Assembly	
				Left	—— Right
KNOB: Medial Lateral		Universal fit.		Thigh Assembly	
		Design can be applied to right or left leg.		LEFT	RIGHT
LEFT	RIGHT	Small Medium La	arge	Small	Small
Small	Small			Mediu	m Medium
Medium	n Medium			Lorgo	
Large	Large	NEW ITEM!		Large	Large
		Prefabricated Wrist		Prefabricated Wr	ist
		Pronation/Supination Brace	e	Flexion/Extension	
Elbow Hyperflexion Sling/Brace		(with removable knob)		(with removable knob) See size chart on back for measurements.	
		Universal fit.		LEFT	RIGHT
○ Left ○	Right	Design can be applied to right or left arm.		—— Small	—— Small
				—— Mediu	
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