

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

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 order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient's Last Name: _____

Patient's First Name: _____

Night Splints

Product Codes:

- 24-086 Small – Quantity: _____
- 24-087 Medium – Quantity: _____
- 24-088 Large – Quantity: _____

Size	Men's Shoe Size	Women's Shoe Size
SM	3 1/2 - 7	4 - 7 1/2
MD	7 - 10	8 - 10 1/2
LG	10 1/2 - 13	10 1/2 - 15

Accessories:

- Replacement Liner (Washable)

NOX Splints

Product Codes:

- 24-110 Small/Medium – Quantity: _____
- 24-111 Large/X-Large – Quantity: _____

Size	Men's Shoe Size	Women's Shoe Size
SM/MD	5 - 9	6 - 10
LG/XL	9 1/2 - 14	10 1/2 - 15

Accessories:

- 24-112 Accessory Strap

The strap serves two purposes; one, it provides a lengthening advantage for patients with larger limbs or swelling, and it also aids in providing additional compression in areas not addressed by the permanent strap positions.

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).

Thuasne USA

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 www.ThuasneUSA.com

