

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: _____

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.

Malleo Dynastab Product Code 235003		
Size	Leg	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	

Malleo Dynastab Boa Product Code 235101		
Size	Leg	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	

Ligacast Air+ Product Code 233401	
Size	Quantity
<input type="checkbox"/> Universal	

Ligacast Junior Product Code 2600001004	
Size	Quantity
<input type="checkbox"/> Universal	

Ligastrap Malleo Product Code 218003		
Size	Leg	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	

Malleoaction Product Code 236102		
Size	Leg	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	

Silistab Achillo Product Code 235502		
Size	Leg	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	

Malleo GO Product Code T300202		
Size	Leg	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	

Ligacast Anatomic Product Code 231501		
Size	Leg	Quantity
<input type="checkbox"/> 0	Left	
<input type="checkbox"/> 0	Right	
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Ligastrap Immo Product Code 233702		
Size	Leg	Quantity
<input type="checkbox"/> 0	Left	
<input type="checkbox"/> 0	Right	
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

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

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

4615 Shepard St., Bakersfield, CA, 93313
Phone: 800.432.3466 or 661.837.1795; Fax: 800.798.2722
www.ThuasneUSA.com



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