

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.

Silstab 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	

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	

Clavicular Straps Junior Product Code 264001	
Size	Quantity
<input type="checkbox"/> Universal	

Clavicular Straps Ligaflex Product Code 245002	
Size	Quantity
<input type="checkbox"/> 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

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

