

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: (_____) _____

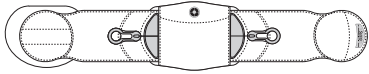
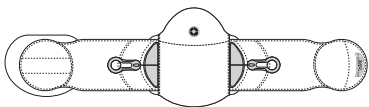
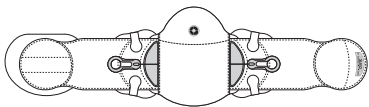
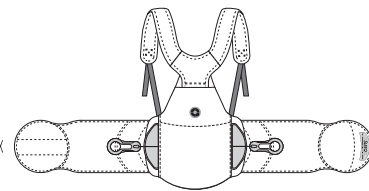
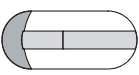


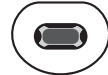
Shipping Preference: Ground 2-Day P.M. 2-Day A.M. Next Day P.M. Next Day A.M.

(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: _____



	HCPCS CODE(S)		CATALOG NUMBER	QUANTITY
	CUSTOM-FIT	OTS		
SLEEQ_{AP} 	L0627	L0642	901100	_____
SLEEQ_{AP+} 	L0631	L0648	901200	_____
SLEEQ_{APL} 	L0637	L0650	901300	_____
SLEEQ_{FLEX} 	L0456	L0457	901400	_____
SLEEQ_{FLEX} 	NA	NA	901070	_____
ComfoForm™ SERIES 	NA	NA	950100	_____
ComfoWrap™ SERIES 	NA	NA	950200	_____
SLEEQ Anterior Panel 	NA	NA	901050	_____

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

