

Account Contact Information

Name: _____ Email: _____ Phone: _____

Billing and Shipping

PO# _____ Billing Account #: _____ Shipping Account #: _____

Shipping Preference

- Ground
- Next Day A.M.
- Next Day P.M.
- 2-Day A.M.
- 2-Day P.M.


Billing Address: _____ Shipping Address: _____

City: _____ City: _____

State _____ Zip _____ State: _____ Zip: _____

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Quantity	Size	Thigh Circumference 6" Above Mid Patella
_____	SM	14 – 18 ¾"
_____	MD	18 ¾ – 20 ¾"
_____	LG	20 ¾ – 24 ¾"
_____	XL	24 ¾ – 29 ½"
_____	XXL	29 – 34"



Special Instructions: _____

