

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.

Patient Information

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.

Silistab 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 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