

**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	Elbow Circumference
_____	SM	9 3/4" – 11 1/4"
_____	MD	11 1/4" – 12 3/4"
_____	LG	12 3/4" – 14 1/4"
_____	XL	+ 14 1/4"



** Elbow circumference is best taken in full extension at the medial epicondyle.*

If a patient has more soft tissue, recommendation is sizing down if they are within .25" – .5" of the lower end of the circumference measurement.

Special Instructions: __________

