## Rehabilitation Solutions

## **Account Contact Information**

Name:		Email:		Phone:		
Billing and Shipp	ing					
PO#	Billing Account #:		Shipping Acco	Shipping Account #:		
Shipping Preference	Billing Address:		Shipping Add	ress:		
□ Ground □ Next Day A.M. □ Next Day P.M. □ 2-Day A.M. □ 2-Day P.M.	City: State		City: State:			

(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 <sup>3</sup> /4"		
	MD	18 <sup>3</sup> / <sub>4</sub> - 20 <sup>3</sup> / <sub>4</sub> "		
	LG	20 <sup>3</sup> / <sub>4</sub> - 24 <sup>3</sup> / <sub>4</sub> "	$\rangle$	
	XL	24 <sup>3</sup> / <sub>4</sub> - 29 <sup>1</sup> / <sub>2</sub> "	/ /	
	XXL	29-34"		

## Special Instructions: \_\_\_\_\_

Thuasne USA

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