

**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**

**Fit Date:** \_\_\_\_\_

**Patient's Last Name:** \_\_\_\_\_

**Patient's First Name:** \_\_\_\_\_

**ABDUCTION PILLOW IS SET AT 30°**

**Elite Shoulder Sling**

Size/Quantity: \_\_\_\_\_ S/M 54-003 \_\_\_\_\_ L/XL 54-004

**Townsend Shoulder Sling**

Size/Quantity: \_\_\_\_\_ S/M 54-001 \_\_\_\_\_ L/XL 54-002

**Aero Sling**

Size/Quantity: \_\_\_\_\_ Universal 54-006