

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 braces, please reference the catalog or website for specific sizing and description of each of the products listed on the order form.

Cervical

Eclipse Collar Universal Size		
Item #	Description	Quantity
<input type="checkbox"/> 910010	Eclipse Cervical Collar	
<input type="checkbox"/> 910011	Eclipse Cervical Collar with extra pad set	
<input type="checkbox"/> 910012	Eclipse replacement pad set	
<input type="checkbox"/> 910013	Eclipse Wide Back Panel	
<input type="checkbox"/> 910014	Eclipse Wide replacement pad set	

Eclipse EXT Collar Universal Size		
Item #	Description	Quantity
<input type="checkbox"/> 910020	Eclipse EXT Cervical Collar	
<input type="checkbox"/> 910021	Eclipse EXT Cervical Collar with extra pad set	
<input type="checkbox"/> 910022	Eclipse EXT replacement pad set	
<input type="checkbox"/> 910013	Eclipse Wide Back Panel	
<input type="checkbox"/> 910024	Eclipse EXT Wide replacement pad set	

C4 Vario Collar Product Code T492801	
Size	Quantity
<input type="checkbox"/> Universal	

Spine

Lombamum Product Code 080501	
Size	Quantity
<input type="checkbox"/> Universal	

Osteomed Acute Product Code U5120199999999	
Size	Quantity
<input type="checkbox"/> Universal	

Dorso Rigid 35 TLSO Product Code 089001	
Size	Quantity
<input type="checkbox"/> S	
<input type="checkbox"/> MS	
<input type="checkbox"/> M	
<input type="checkbox"/> LS	
<input type="checkbox"/> L	
<input type="checkbox"/> XL	

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