

Contact Information

Clinician Fitter/Assistant/Tech Other: _____

Name: _____

Email: _____ Phone: _____

Ordering Clinician

CPO CO CP Other: _____

Name: _____

Email: _____ Phone: _____

Billing & Shipping

PO#:

Billing Account#: _____

Shipping Account#: _____

Shipping Address: _____


City: _____ State: _____ Zip: _____

Shipping Preference

Ground Next Day AM Next Day PM 2-Day AM 2-Day PM

(If no preference is indicated, this order will be shipped 2 Day PM) Note: We do not ship products directly to patients.

Quantity	Size	Thigh Circumference 6" Above Mid Patella
_____	SM	14 – 18 ¾"
_____	MD	18 ¾ – 20 ¾"
_____	LG	20 ¾ – 24 ¾"
_____	XL	24 ¾ – 29 ½"
_____	XXL	29 – 34"



Special Instructions: _____

*Indicates additional charges apply

OF-046 REV. C

Received Date *Thuasne USA's shipping department use only*