

### 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.*

### Patient Information

Fit Date: \_\_\_\_\_ Patient ID: \_\_\_\_\_

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

### Spine

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

Dorso Rigid 35TLSO	
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*

\*Indicates additional charges apply

OF-049 REV. C

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