

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.

Ortel T-Neck (L0172)		
Universal Size		
Item #	Description	Quantity
<input type="checkbox"/> T4910039999911	Ortel T-Neck	
<input type="checkbox"/> T49100399899911	Ortel T-Neck With Extra Pad Set	
<input type="checkbox"/> T49125199903399	Replacment Padding Set Ortel T-Neck	

Ortel T-Neck Plus (L0174)		
Universal Size		
Item #	Description	Quantity
<input type="checkbox"/> T49105399999911	Ortel T-Neck Plus	
<input type="checkbox"/> T49105399899911	Ortel T-Neck Plus With Extra Pad	
<input type="checkbox"/> T49115199903399	Replacment Padding Kit Ortel T-Neck Plus and Precision 180	

Ortel T-Neck Precision 180 (L0180)		
Universal Size		
Item #	Description	Quantity
<input type="checkbox"/> T49100399999911	Ortel T-Neck Precision 180	
<input type="checkbox"/> T49100399899911	Ortel T-Neck Precision 180 With Extra Pad	
<input type="checkbox"/> T49125199903399	Replacment Padding Kit Ortel T-Neck Plus and Precision 180	

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

OF072 Rev A

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