

Facility Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact: \_\_\_\_\_

Due Date: \_\_\_\_\_ Ship Via: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

U N I V E R S A L

**WRIST  
SPLINT**

ONE SIZE FIT ALL



QUANTITY:

I N D I C A T I O N S

- Sprain and Instability
- Rheumatoid Arthritis
- Carpal Tunnel Syndrome
- Post-op Rehabilitation
- Fracture Stabilization

U N I V E R S A L

**STIRRUP  
ANKLE  
BRACE**

ONE SIZE FIT ALL



QUANTITY:

I N D I C A T I O N S

- Ankle sprain
- Ligament instability
- Stable minor fracture
- Early cast removal
- Post-Op rehabilitation

**FAX THIS FORM TO (877) 288-4197**

PHONE: 888-982-8181 • WWW.OPTECUSA.COM

Assembled By: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Shipped By: \_\_\_\_\_