

CROSS BRACE ORDER FORM

ORDER TAKEN BY: _____

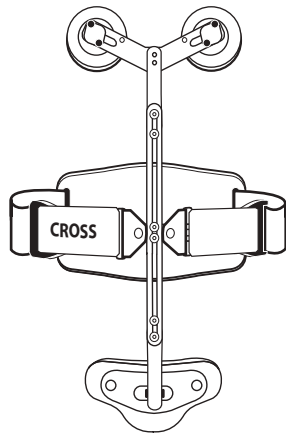
TIME: _____

Facility Name _____ Account # _____ Contact: _____

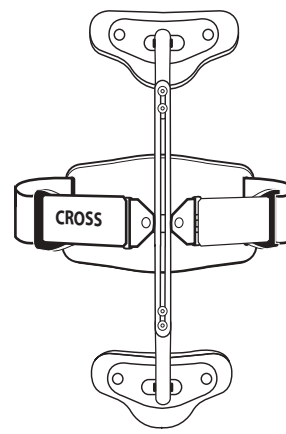
Due Date: _____ Ship Via: _____ P.O. #: _____

Ship to Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____



**CROSS - PECTORAL
Model # CROSSP**



**CROSS - STERNAL
Model # CROSSS**

QUANTITY	CROSS MODEL	VERTICAL BAR
	<input type="checkbox"/> CROSS - Pectoral <input type="checkbox"/> CROSS - Sternal	<input type="checkbox"/> Standard <input type="checkbox"/> Long
	<input type="checkbox"/> CROSS - Pectoral <input type="checkbox"/> CROSS - Sternal	<input type="checkbox"/> Standard <input type="checkbox"/> Long
	<input type="checkbox"/> CROSS - Pectoral <input type="checkbox"/> CROSS - Sternal	<input type="checkbox"/> Standard <input type="checkbox"/> Long
	<input type="checkbox"/> CROSS - Pectoral <input type="checkbox"/> CROSS - Sternal	<input type="checkbox"/> Standard <input type="checkbox"/> Long
	<input type="checkbox"/> CROSS - Pectoral <input type="checkbox"/> CROSS - Sternal	<input type="checkbox"/> Standard <input type="checkbox"/> Long

FAX THIS FORM TO (877) 288-4197

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

Assembled By: _____

Inspected By: _____

Shipped By: _____