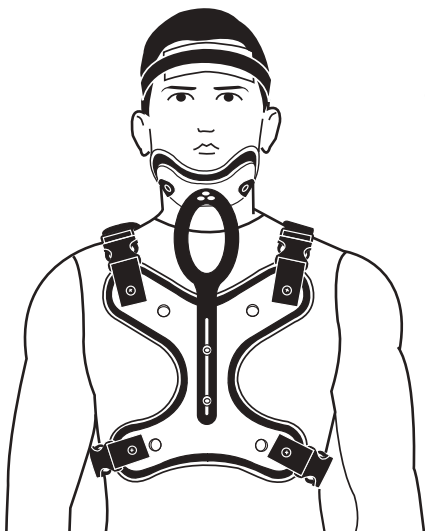


Facility Name _____ Account # _____ Contact: _____

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

Ship to Address: _____ City: _____

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



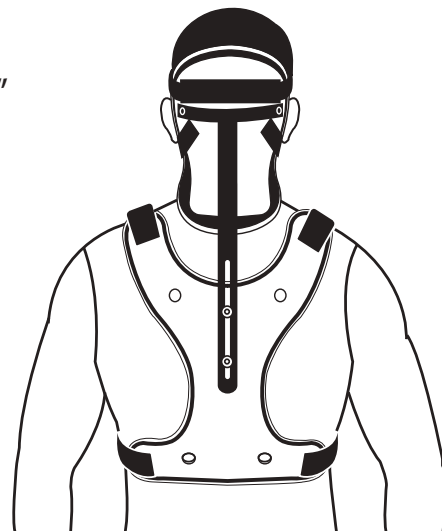
- Standard circumference: 32"
- Max circumference: 52"

FRONT EXTENSION

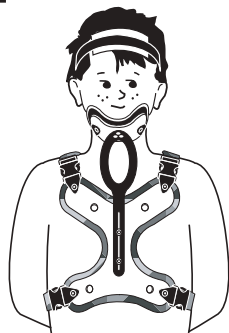
- Minimum 12 1/2"
- Maximum 17"

POSTERIOR EXTENSION

- Minimum 19"
- Maximum 25"



ADULT



- Standard circumference: 20"
- Max circumference: 32"

FRONT EXTENSION

- Minimum 10"
- Maximum 13"

POSTERIOR EXTENSION

- Minimum 15 1/2"
- Maximum 19 1/2"

PEDIATRIC

Description	Product Code	Quantity
CTO-Adult	CTO Adult	
CTO-Youth	CTO Youth/Small Adult	
CTO-Pediatric	CTO Pediatric Designer Pattern# _____	

Please Fax your order form to **(877) 288-4197**
 for immediate processing, Thank you!

WWW.OPTECUSA.COM

Assembled By: _____
 Inspected By: _____
 Shipped By: _____