

# CUSTOM HIP

# ORDER FORM



F A C I L I T Y I N F O R M A T I O N :

FACILITY NAME: \_\_\_\_\_ CONTACT: \_\_\_\_\_

DUE DATE: \_\_\_\_\_ SHIP VIA: \_\_\_\_\_ P.O.#: \_\_\_\_\_

SHIP ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

## PATIENT INFORMATION:

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

F O R B E S T R E S U L T S C O M P L E T E A L L M E A S U R E M E N T S

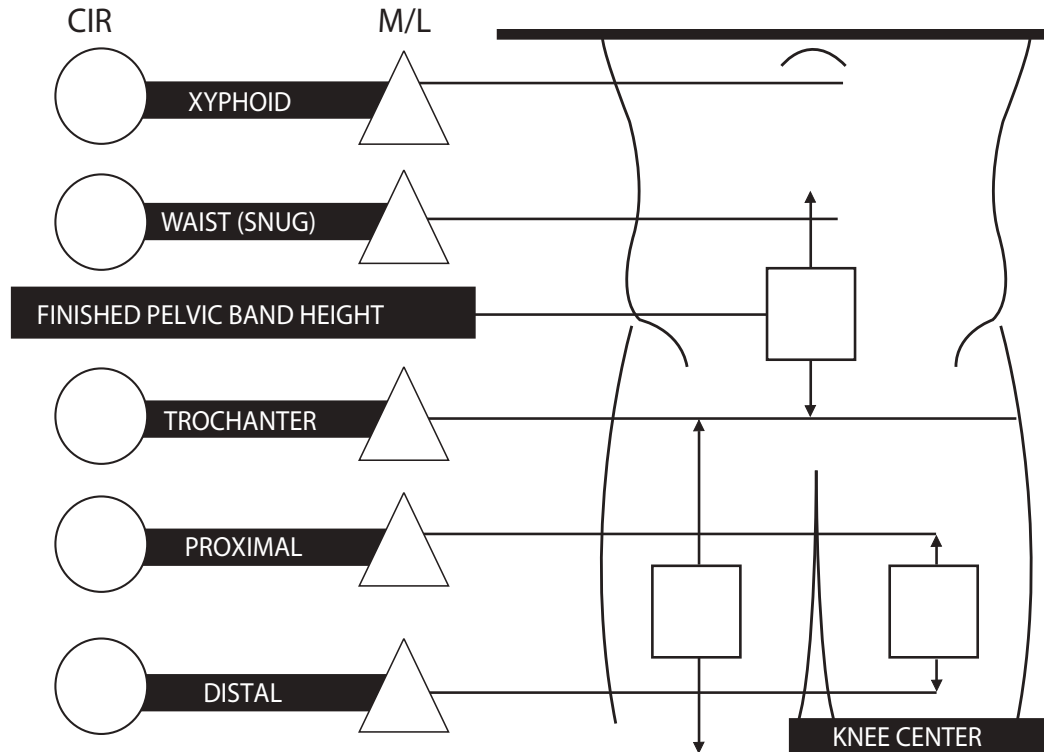
## PELVIC BAND STYLE:

Unilateral Band     Universal Band     Bilateral Band     Standard Profile     Long Profile

## OPTIONS ATTACHMENTS:

Thigh Cuff:     Unattached     Attached     Left     Right     Universal

Joint Type:     Drop lock     Short TLC     Chronic     Other  
 Standard TLC     Long TLC     Designer Pattern # \_\_\_\_\_



975 PROGRESS CIRCLE, LAWRENCEVILLE GA 30043  
**FAX THIS FORM TO (877) 288-4197 OR CALL (888) 982-8181**  
WWW.OPTTECUSA.COM    EMAIL: OPTTECUSA@AOL.COM

Assembled By: \_\_\_\_\_  
Inspected By: \_\_\_\_\_  
Shipped By: \_\_\_\_\_

**AVAILABLE**  
**24/7**