

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:

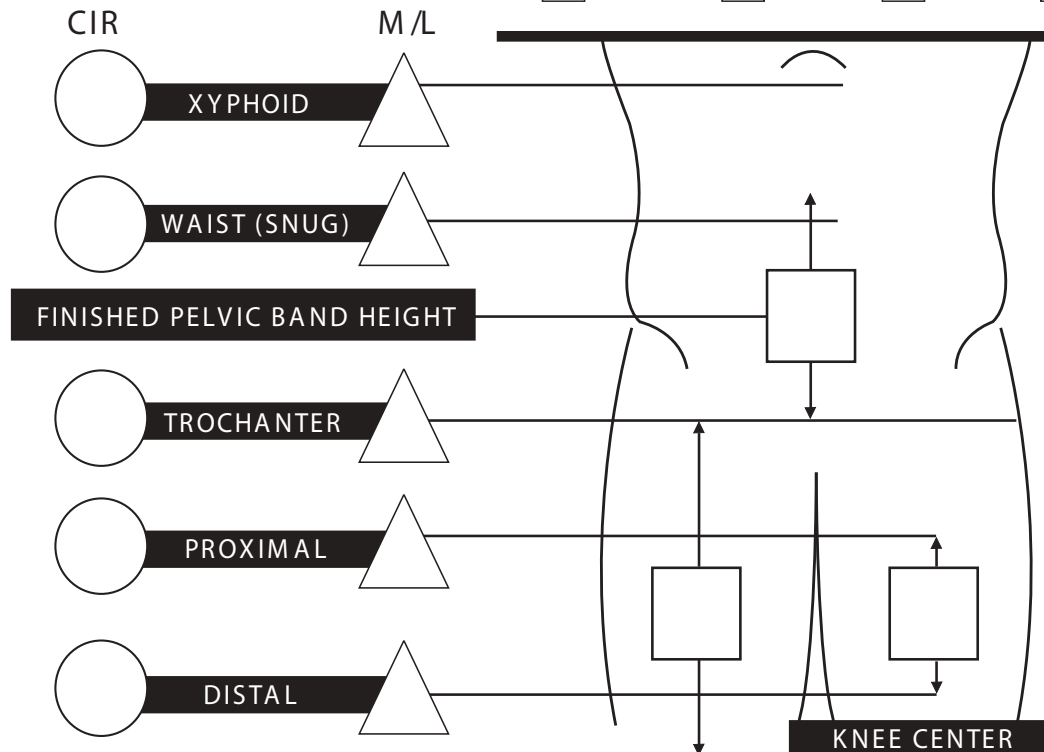
NAME: _____ AGE: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____

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 Lerman Chronic Other
 Millennium MAO THC 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