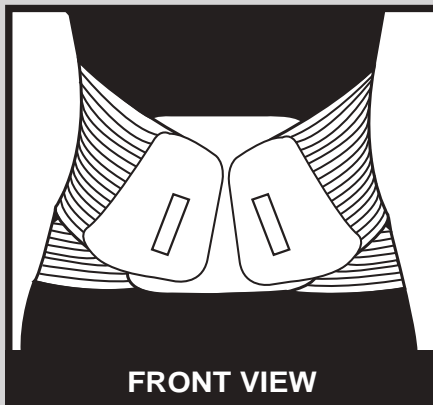
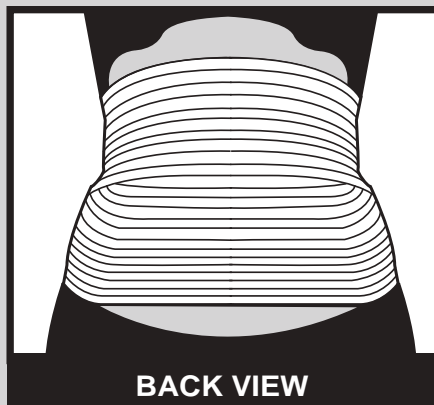


Facility Name _____ Account # _____ Contact: _____

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

Ship to Address: _____ City: _____

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


FRONT VIEW

BACK VIEW

Size	Model #	Waist Measurement
SM/MD	EVOMAX-SM/MD	28" - 38 1/2"
LG/XL	EVOMAX-LG/XL	36" - 46 1/2"
2X/3X	EVOMAX-2X/3X	44" - 54 1/2"
4X/5X	EVOMAX-4X/5X	52" - 60 1/2"

SIZE				COLOR			DEGREE OF LORDOSIS		
<input type="checkbox"/> SM/MD	<input type="checkbox"/> LG/XL	<input type="checkbox"/> 2X/3X	<input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE	<input type="checkbox"/> GRAY	<input type="checkbox"/> BLACK	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> SM/MD	<input type="checkbox"/> LG/XL	<input type="checkbox"/> 2X/3X	<input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE	<input type="checkbox"/> GRAY	<input type="checkbox"/> BLACK	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> SM/MD	<input type="checkbox"/> LG/XL	<input type="checkbox"/> 2X/3X	<input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE	<input type="checkbox"/> GRAY	<input type="checkbox"/> BLACK	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> SM/MD	<input type="checkbox"/> LG/XL	<input type="checkbox"/> 2X/3X	<input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE	<input type="checkbox"/> GRAY	<input type="checkbox"/> BLACK	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25

QUANTITY	MODEL #	DESCRIPTION	QUANTITY	MODEL #	DESCRIPTION
	DLKB	Dorsal Lumbar Kit for SPK/PPK - Black		ATPPKA / ATPPKU	Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	DLKG	Dorsal Lumbar Kit for SPK/PPK		ATSPKA / ATSPKU	Sternal Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	DLKTESG	Dorsal Lumbar Kit w/ Thoracic Extension Straps		ATPPXA / ATPPXU	X10 Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	DLKTESB	Dorsal Lumbar Kit w/ Thoracic Extension Straps - Black		ATSPXA / ATSPXU	X10 Sternal Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	RES-MH73912	Hot & Cold Therapy Packs		ATBLADA / ATBLADU	Pneumatic Lumbar Air Bladder <input type="checkbox"/> Attach <input type="checkbox"/> Unattach

FAX THIS FORM TO (877) 288-4197

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

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