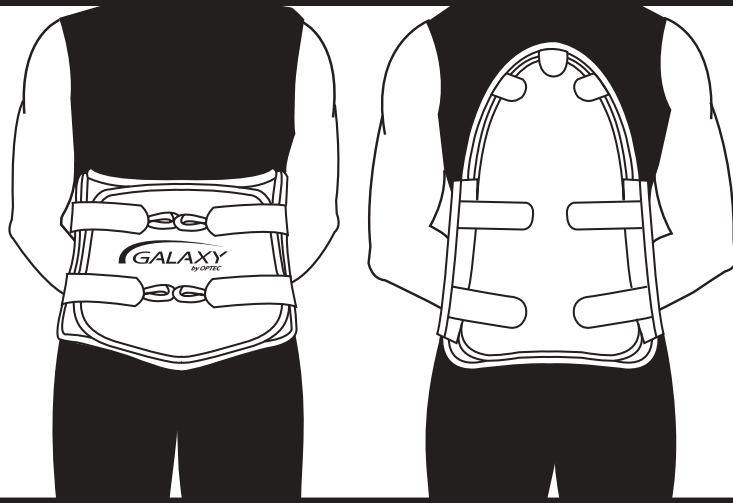


Facility Name \_\_\_\_\_ Account # \_\_\_\_\_ Contact: \_\_\_\_\_

Due Date: \_\_\_\_\_ Ship Via: \_\_\_\_\_ P.O. #: \_\_\_\_\_

Ship to Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_



- LSO LITE
- LSO PRO
- LSO X
- TLSO 3 PANEL
- TLSO 4 PANEL

X MODEL#	PRO MODEL#	SIZE	WAIST MEASUREMENT	HIP MEASUREMENT
GXYXXS	GXYPROXS	XS	26"-32"	31"-37"
GXYXSM	GXYPROSM	SM	30"-36"	35"-41"
GXYXMD	GXYPROMD	MD	34"-40"	39"-45"
GXYXLG	GXYPROLG	LG	38"-44"	43"-49"
GXYXXL	GXYPROXL	XL	42"-48"	47"-53"
GXYX2X	GXYPRO2X	2X	46"-52"	51"-57"
GXYX3X	GXYPRO3X	3X	50"-56"	55"-61"

COMPLETE:							SIZE		ABDOMEN		DEGREE OF LORDOSIS		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25		

FRONT ONLY:							SIZE		ABDOMEN	
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS		

BACK ONLY:							SIZE		DEGREE OF LORDOSIS		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25		
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<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		ATBLADA / ATBLADU	Pneumatic Lumbar Air Bladder <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	DLKTESB	Dorsal Lumbar Kit w/ Thoracic Extension Straps - Black		ATPPKA / ATPPKU	Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	ATLSLP	Oasis Lateral Extension Low Profile		ATSPKA / ATSPKU	Sternal Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	ATLSLT	Oasis Lateral Extension LSO / TLSO		ATPPXA / ATPPXU	X10 Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	OPTTEKKIT	Hot & Cold Therapy Packs		ATSPXA / ATSPXU	X10 Sternal Pad Kit <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: \_\_\_\_\_