

OASIS™ ORDER FORM

ORDER TAKEN BY: _____

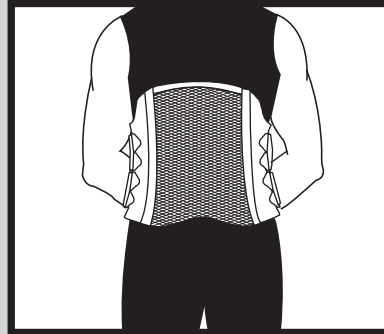
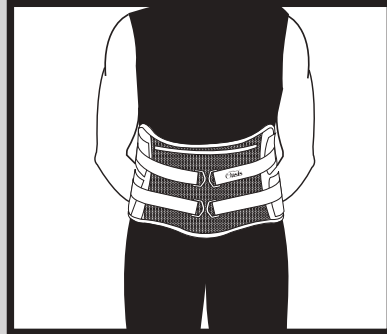
TIME: _____

Facility Name _____ Account # _____ Contact: _____

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

Ship to Address: _____ City: _____

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



SIZE	WAIST MEASUREMENT	HIP MEASUREMENT	REHAB MODEL #	LSO LP MODEL #	LSO MODEL #	TLSO MODEL #	TLSO ATE MODEL #	TLSO LP ATE MODEL #	TLSO DLK MODEL #	TLSO LP DLK MODEL #	TLSO 4 PANEL MODEL #	TLSO LP 4 PANEL MODEL #
XS	26" - 32"	31" - 37"	0ARBX5	0ALPX5	0ALSX5	0ATLX5	0ATLAX5	0ATPAX5	0ATLDX5	0ATPDX5	0ATL4X5	0ATP4X5
SM	30" - 36"	35" - 41"	0ARBSM	0ALPSM	0ALSSM	0ATLSM	0ATLASM	0ATPASM	0ATLDSM	0ATPDSM	0ATL4SM	0ATP4SM
MD	34" - 40"	39" - 45"	0ARBMD	0ALPMD	0ALSMD	0ATLMD	0ATLAND	0ATPAMD	0ATLDMD	0ATPDMD	0ATL4MD	0ATP4MD
LG	38" - 44"	43" - 49"	0ARBLG	0ALPLG	0ALS LG	0ATLLG	0ATLALG	0ATPALG	0ATLDLG	0ATPDLG	0ATL4LG	0ATP4LG
XL	42" - 48"	47" - 53"	0ARBXL	0ALPXL	0ALSXL	0ATLXL	0ATLAXL	0ATPAXL	0ATLDXL	0ATPDXL	0ATL4XL	0ATP4XL
2X	46" - 52"	51" - 57"	0ARB2X	0ALP2X	0ALS2X	0ATL2X	0ATLA2X	0ATPA2X	0ATLD2X	0ATPD2X	0ATL42X	0ATP42X
3X	50" - 56"	55" - 61"	0ARB3X	0ALP3X	0ALS3X	0ATL3X	0ATLA3X	0ATPA3X	0ATLD3X	0ATPD3X	0ATL43X	0ATP43X

CHOOSE OASIS MODEL: _____

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			
<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:							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"/> 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	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	

BACK ONLY:							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: _____