

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 | LSO LP MODEL # | LSO MODEL # | TLSO MODEL # | TLSO 3 PANEL MODEL # | TLSO LP 3 PANEL MODEL # | TLSO 4 PANEL MODEL # | TLSO LP 4 PANEL MODEL # |
|------|-------------------|-----------------|----------------|-------------|--------------|----------------------|-------------------------|----------------------|-------------------------|
| XS | 26" - 32" | 31" - 37" | PCLPXS | PCLSXS | PCTLXS | PCTL3XS | PCTP3XS | PCTL4XS | PCTP4XS |
| SM | 30" - 36" | 35" - 41" | PCLPSM | PCLSSM | PCTLSM | PCTL3SM | PCTP3SM | PCTL4SM | PCTP4SM |
| MD | 34" - 40" | 39" - 45" | PCLPMD | PCLSMD | PCTLMD | PCTL3MD | PCTP3MD | PCTL4MD | PCTP4MD |
| LG | 38" - 44" | 43" - 49" | PCLPLG | PCLSLG | PCTLLG | PCTL3LG | PCTP3LG | PCTL4LG | PCTP4LG |
| XL | 42" - 48" | 47" - 53" | PCLPXL | PCLSXL | PCTLXL | PCTL3XL | PCTP3XL | PCTL4XL | PCTP4XL |
| 2X | 46" - 52" | 51" - 57" | PCLP2X | PCLS2X | PCTL2X | PCTL32X | PCTP32X | PCTL42X | PCTP42X |
| 3X | 50" - 56" | 55" - 61" | PCLP3X | PCLS3X | PCTL3X | PCTL33X | PCTP33X | PCTL43X | PCTP43X |

CHOOSE PRIMO CLASSIC 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"/> 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"/> 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"/> 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"/> 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"/> NEUTRAL | <input type="checkbox"/> PENDULOUS |
| <input type="checkbox"/> NEUTRAL | <input type="checkbox"/> PENDULOUS |
| <input type="checkbox"/> NEUTRAL | <input type="checkbox"/> PENDULOUS |

| | | |
|----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 15 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 15 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 15 | <input type="checkbox"/> 25 |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 15 | <input type="checkbox"/> 25 |
| <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"/> 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:
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"/> 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"/> 0 | <input type="checkbox"/> 15 | <input type="checkbox"/> 25 |

| QUANTITY | PRODUCT CODE | DESCRIPTION | QUANTITY | PRODUCT CODE | DESCRIPTION |
|----------|----------------|--|----------|--------------------|--|
| | ATBLADA | Pneumatic Bladder - Attached | | OPTTHIGHCUFF-ATT | Thigh Cuff - Attached (SM, MD, LG, XL, 2X) |
| | ATBLADU | Pneumatic Bladder - Unattached | | OPTTHIGHCUFF-UNATT | Thigh Cuff-Unattached (SM, MD, LG, XL, 2X) |
| | DLKB | Dorsal Lumbar Kit for SPK/PPK | | TLCHIPJNT ___ | TLC Hip Joint - LG(Long), ST(Standard) |
| | DLKTESB | Dorsal Lumbar Kit w /Thoracic Extension Straps | | Hip Spica: | <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Attached |
| | ATPPKA / PPKU | Pectoral Pad Kit <input type="checkbox"/> Unattached | | | <input type="checkbox"/> Unattached <input type="checkbox"/> Hip Reinforcement |
| | ATPPXA / PPIXU | Pectoral Pad Kit w / Ext <input type="checkbox"/> Unattached | | Joint Type: | <input type="checkbox"/> Drop Lock: Becker <input type="checkbox"/> TLC Standard |
| | ATSPKA / SPKU | Sternal Pad Kit <input type="checkbox"/> Unattached | | | <input type="checkbox"/> TLC Long |
| | ATSPXA / SPXU | Sternal Pad Kit w / Ext <input type="checkbox"/> Unattached | | | |

FAX THIS FORM TO (877) 288-4197

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

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