TIME:

Facility Name _			Account #		_Contact:
Due Date: Ship Via:		Ship Via:		P.O. #:	
Ship to Address:					Citv:
				Emoile	
State:	_ Zip Code:	Phone:	Fax:	Email:	





## PEDIATRIC SIZING

SIZE SIZE MODEL #
SMALL 6 - 8 PGCAMYSM

MEDIUM 8.5 - 11.5 PGCAMYMD

LARGE 11.5 - 13.5 PGCAMYLG

## **PNEUMATIC PEDIATRIC:**

S M L L

Please fax your order form to **(877) 288-4197** for immediate processing, Thank you!

WWW.OPTECUSA.COM

Inspected By:\_\_\_\_\_\_Shipped By:\_\_\_\_\_

TIME:

Facility Name _			Account #	Contact:
Due Date: Ship		Ship Via:	P.O. #	i.
Ship to Address:				City:
State:	_ Zip Code:	_ Phone:Fa	x:En	nail:





## PEDIATRIC SIZING

SHOE MODEL#
SIZE

SMALL 6-8 PGCAMYSM

MEDIUM 8.5 - 11.5 PGCAMYMD

LARGE 11.5 - 13.5 PGCAMYLG

## **PNEUMATIC PEDIATRIC:**

S M L

S M L

S M L

Inspected By:\_\_\_\_\_\_\_Shipped By:\_\_\_\_\_\_