

Facility Name _____ Account # _____ Contact: _____

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

Ship to Address: _____ City: _____

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



PEDIATRIC SIZING

SIZE	SHOE SIZE	MODEL #
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

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

WWW.OPTECUSA.COM

Inspected By: _____

Shipped By: _____

Facility Name _____ Account # _____ Contact: _____

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

Ship to Address: _____ City: _____

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



PEDIATRIC SIZING

SIZE	SHOE SIZE	MODEL #
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

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

WWW.OPTECUSA.COM

Inspected By: _____

Shipped By: _____