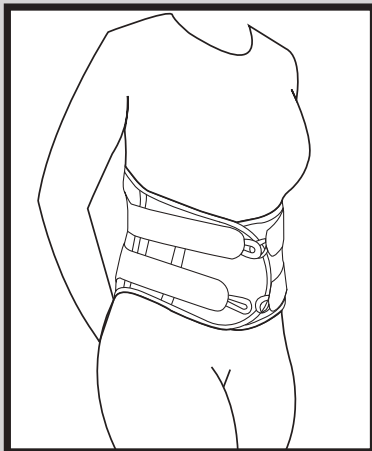


Facility Name _____ Account # _____ Contact: _____

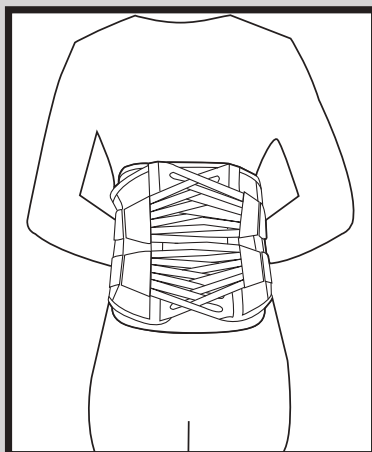
Due Date: _____ Ship Via: _____ P.O. #: _____

Ship to Address: _____ City: _____

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



SIZE	WAIST MEASUREMENT	QTY.	LSO LP MODEL#	QTY.	LSO MODEL#	QTY.	REHAB2 MODEL#	QTY.	REHAB4 MODEL#	QTY.	EXTREME2 MODEL#	QTY.	EXTREME4 MODEL#
SM	23" - 30"		STLPSM		STLSSM		STRB2SM		STRB4SM		STX2BSM		STX4BSM
MD	27" - 34"		STLPMO		STLSMO		STRB2MO		STRB4MO		STX2BMO		STX4BMO
LG	32" - 40"		STLPLG		STLSLG		STRB2LG		STRB4LG		STX2BLG		STX4BLG
XL	37" - 44"		STLPXL		STLSXL		STRB2XL		STRB4XL		STX2BXL		STX4BXL
2X	41" - 48"		STLP2X		STLS2X		STRB22X		STRB42X		STX2B2X		STX4B2X
3X	45" - 52"		STLP3X		STLS3X		STRB23X		STRB43X		STX2B3X		STX4B3X
4X	49" - 56"		STLP4X		STLS4X		STRB24X		STRB44X		STX2B4X		STX4B4X



SIZE	WAIST MEASUREMENT	QTY.	PRO2 MODEL#	QTY.	PRO4 MODEL#	QTY.	X2 MODEL#	QTY.	X4 MODEL#
SM	23" - 30"		STPRO2BSM		STPRO4BSM		ST2XBSM		ST4XBSM
MD	27" - 34"		STPRO2BMO		STPRO4BMO		ST2XBMO		ST4XBMO
LG	32" - 40"		STPRO2BLG		STPRO4BLG		ST2XBLG		ST4XBLG
XL	37" - 44"		STPRO2BXL		STPRO4BXL		ST2XBXL		ST4XBXL
2X	41" - 48"		STPRO2B2X		STPRO4B2X		ST2XB2X		ST4XB2X
3X	45" - 52"		STPRO2B3X		STPRO4B3X		ST2XB3X		ST4XB3X
4X	49" - 56"		STPRO2B4X		STPRO4B4X		ST2XB4X		ST4XB4X

QUANTITY	MODEL #	DESCRIPTION	QUANTITY	MODEL #	DESCRIPTION
	DLKB	Dorsal Lumbar Kit for SPK/PPK - Black		ATPPKA / ATPPKU	Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	DLKTESB	Dorsal Lumbar Kit w/ Thoracic Extension Straps - Black		ATSPKA / ATSPKU	Sternal Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	STFPFP	Full Profile Front Polymer Panel		ATPPXA / ATPPXU	Pectoral Pad Kit w/ Ext. <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	STRBPP	Rehab Posterior Panel		ATSPXA / ATSPXU	Sternal Pad Kit w/ Ext. <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	RES-MH73912	Hot & Cold Therapy Packs		STEXT	Extender to add up to 7" to waist measurement
				STPOST	Post Op Panel
					Stealth Boxes <input type="checkbox"/> Yes <input type="checkbox"/> No

FAX THIS FORM TO (877) 288-4197

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

Assembled By: _____

Inspected By: _____

Shipped By: _____