

STOCK 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: _____

ORTHOSIS TYPE

- Bivalve (Step) Bivalve (Smooth) Bivalve (Tongues): A-P P-A Anterior
 Anterior (Tongue) Anterior Overlap TLSO 3 Panel TLSO 4 Panel
 SALO Ant. Opening SALO Bivalve Soft Body Single Opening Soft Body Bivalve

MATERIAL SPECIFICATIONS

- Plastic:** LDPE MPE Other: _____
Plastic Gauge: 1/8 5/32 3/16 Other: _____
Liner (Aliplast): Unlined 1/8 3/16 1/4 Other: _____

OPTIONS & ATTACHMENTS

- Straps (Closure):** Attached Unattached None C-Fold Edge Closure System
Chafes (Loops): Standard Extended Anterior Posterior Ventilation

Thoracic (Chest): Full Front Low Profile Cutout Other: _____

Degree of Lordosis: 0 7 15 20 25

COMPLETE	SIZE	GENDER	FRONT / BACK TYPE	ABDOMEN	THORACIC ATTACHMENT
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX

FRONT ONLY	SIZE	GENDER	TYPE	ABDOMEN	THORACIC ATTACHMENT
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO	<input type="checkbox"/> NEUT <input type="checkbox"/> PA <input type="checkbox"/> FLEX	<input type="checkbox"/> SPK <input type="checkbox"/> PPK <input type="checkbox"/> SPX <input type="checkbox"/> PPX

BACK ONLY	SIZE	GENDER	TYPE
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO
<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"/> M <input type="checkbox"/> F	<input type="checkbox"/> LSO LP <input type="checkbox"/> LSO <input type="checkbox"/> TLSO

QUANTITY	PRODUCT CODE	DESCRIPTION	QUANTITY	PRODUCT CODE	DESCRIPTION
	ATBLADA	Pneumatic Bladder - Attached		OPTTHIGHCUFF-ATT	Thigh Cuff- Attached (XS, SM, MD, LG, XL, 2X, 3X)
	ATBLADU	Pneumatic Bladder - Unattached		OPTTHIGHCUFF-UNATT	Thigh Cuff- Unattached (XS, SM, MD, LG, XL, 2X, 3X)
	ATSPKU	Sternal Pad Kit - Unattached		TLCHIPJNT _ _ _	TLC Hip Joint - LG(Long), ST(Standard)
	ATSPXU	Sternal Pad Kit w/ Ext. Adjustment - Unattached		Hip Spica:	<input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Attached
	ATPPKU	Pectoral Pad Kit - Unattached			<input type="checkbox"/> Unattached <input type="checkbox"/> Hip Reinforcement
	ATPPXU	Pectoral Pad Kit w/ Ext. Adjustment - Unattached		Joint Type:	<input type="checkbox"/> Drop Lock: Becker <input type="checkbox"/> TLC Standard
	OPTSHOULDERSTRAPS	Shoulder Straps			<input type="checkbox"/> TLC Long

FAX THIS FORM TO (877) 288-4197

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

Assembled By: _____

Inspected By: _____

Shipped By: _____