

# 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 (SM, MD, LG, XL, 2X)
	ATBLADU	Pneumatic Bladder - Unattached		OPTTHIGHCUFF-UNATT	Thigh Cuff- Unattached (SM, MD, LG, XL, 2X)
	ATSPKU	Sternal Pad Kit - Unattached		TLCHIPJNT __ __	TLC Hip Joint - LG(Long), ST(Standard)
	ATSPXU	Sternal Pad Kit w/ Ext. Adjustment - Unattached		<b>Hip Spica:</b>	<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		<b>Joint Type:</b>	<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: \_\_\_\_\_