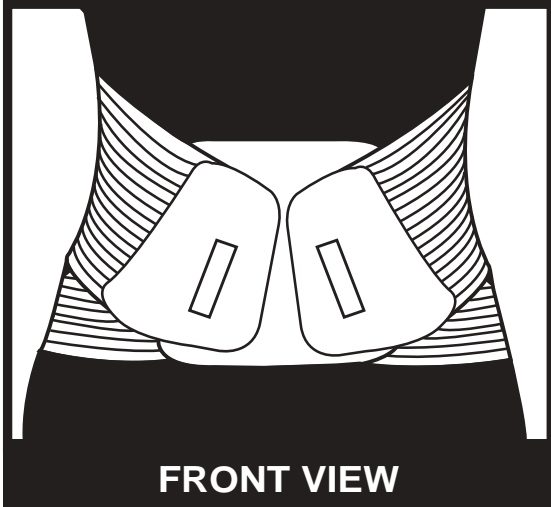


Facility Name _____ Account # _____ Contact: _____

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

Ship to Address: _____ City: _____

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



FRONT VIEW



BACK VIEW

Size	Waist Measurement
SM/MD	28" - 38 1/2"
LG/XL	36" - 46 1/2"
2X/3X	44" - 54 1/2"
4X/5X	52" - 60 1/2"

SIZE	COLOR	DEGREE OF LORDOSIS
<input type="checkbox"/> SM/MD <input type="checkbox"/> LG/XL <input type="checkbox"/> 2X/3X <input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE <input type="checkbox"/> GRAY <input type="checkbox"/> BLACK	<input type="checkbox"/> 0 <input type="checkbox"/> 15 <input type="checkbox"/> 25
<input type="checkbox"/> SM/MD <input type="checkbox"/> LG/XL <input type="checkbox"/> 2X/3X <input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE <input type="checkbox"/> GRAY <input type="checkbox"/> BLACK	<input type="checkbox"/> 0 <input type="checkbox"/> 15 <input type="checkbox"/> 25
<input type="checkbox"/> SM/MD <input type="checkbox"/> LG/XL <input type="checkbox"/> 2X/3X <input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE <input type="checkbox"/> GRAY <input type="checkbox"/> BLACK	<input type="checkbox"/> 0 <input type="checkbox"/> 15 <input type="checkbox"/> 25
<input type="checkbox"/> SM/MD <input type="checkbox"/> LG/XL <input type="checkbox"/> 2X/3X <input type="checkbox"/> 4X/5X	<input type="checkbox"/> BEIGE <input type="checkbox"/> GRAY <input type="checkbox"/> BLACK	<input type="checkbox"/> 0 <input type="checkbox"/> 15 <input type="checkbox"/> 25

QTY.	Model #	Description
	DLKTESB	DLK - Black <input type="checkbox"/> attach <input type="checkbox"/> unattach
	RES-MH73912	Hot & Cold Therapy Packs

FAX THIS FORM TO (877) 288-4197

PH: 888-982-8181 | WWW.OPTECUSA.COM

Assembled By: _____

Inspected By: _____

Shipped By: _____