

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Phone # (_____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

Patient's Last Name: _____

Patient's First Name: _____

ROM Post-Op Knee Braces

ROM-4 – Quantity: _____

- 17" Bars (no length adjustment)

Full Wrap Pads

- Optional -10° Hinge
- Standard Velcro Closures

ROM6 – Quantity: _____

- 23" Bars (can be shortened to 17")

Full Wrap Pads

- Optional -10° Hinge
- Standard Velcro Closures

ROM6-L – Quantity: _____

- 25" Bars (can be shortened to 17") Full Wrap Pads

- Optional -10° Hinge
- Standard Velcro Closures

AIR ROM-SHORT – Quantity: _____

- 17" Bars (no length adjustment)

AIR Pads

- Optional -10° Hinge
- Standard Velcro Closures

AIR ROM-LONG – Quantity: _____

- 23" Bars (can be shortened to 17")

AIR Pads

- Optional -10° Hinge
- Standard Velcro Closures

ROMX Post-Op Knee Braces

ROMX.SS – Quantity: _____

- Compression and Suspension Package (C/S)
- Breeze Pads
- Malleable Aluminum Strut Extensions

ROMX.AP – Quantity: _____

- Air Pad Wraps
- Malleable Aluminum Strut Extensions

ROMX.BP – Quantity: _____

- Breeze Pads
- Malleable Aluminum Strut Extensions

ROMX.FP – Quantity: _____

- Full Wrap Pads

ROM-R Post-Op Knee Braces

ROM-R – Quantity: _____

- Breeze Pads
- Malleable Aluminum Strut Extensions

Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1877.222.3311 between 6:00 a.m. and 4:00 p.m. (PST).