



ORDER FORM

F A C I L I T Y I N F O R M A T I O N

FACILITY NAME _____ CONTACT _____
 DUE DATE _____ SHIPPING METHOD _____ PO # _____
 SHIPPING ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE _____ FAX _____

O R T H O L U X S I Z E C H A R T S

U N I S E X M A L E F E M A L E

SM	MD	LG	XL	XX	3X	4X		SM	MD	LG	XL	XX		SM	MD	LG	XL	XX
28-34	30-36	34-40	38-45	43-51	47-55	53-61	Rib	31-37	32-38	36-42	40-47	46-54	Rib	25-31	28-34	32-38	36-42	41-47
28-34	30-37	34-42	38-45	43-51	47-55	53-61	Waist	31-37	32-38	36-43	40-46	46-54	Waist	25-31	29-35	32-40	37-44	41-48
29-35	32-39	36-42	39-47	45-52	51-56	57-63	Hip	31-37	33-39	37-43	39-47	46-54	Hip	27-33	32-38	35-41	40-46	44-50

O R T H O L U X O R D E R I N G M A T R I X

Q U A N	STYLE LSO-L, TLSO-T LSM (LSO Mid-Profile) - M	SEX Unisex, Male, Female	SIZE Small, Medium, Large, X-large, XX-large, 3X-large, 4X-large	FRONT		BACK 0, 7, 15, 25, 35
				Height	Contour	
	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>	U <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XX <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/>	Reg Hgt <input type="checkbox"/>	Mid Prof <input type="checkbox"/> Low Prof <input type="checkbox"/>	Pend <input type="checkbox"/> 15 <input type="checkbox"/> ___ <input type="checkbox"/>
	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>	U <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/>	S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XX <input type="checkbox"/> 3X <input type="checkbox"/> 4X <input type="checkbox"/>	Reg Hgt <input type="checkbox"/>	Mid Prof <input type="checkbox"/> Low Prof <input type="checkbox"/>	Pend <input type="checkbox"/> 15 <input type="checkbox"/> ___ <input type="checkbox"/>
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O R T H O L U X P A R T S

Q U A N	PART #	DESCRIPTION	Q U A N	PART #	DESCRIPTION
	OP-EXT-PNL	Extension Panel, to add up to 8" circumference to OrthoLux, pair		EXT-PS-BLK	Extender Kit for OrthoLux, pectoral pads - includes EXT-OTS-KIT-BLK
	OP-TLS-EXT	Over-the-shoulder strap kit, addition to OrthoLux.		EXT-STF-BLK	Extender Kit for OrthoLux, fixed sternal pad - includes EXT-OTS-KIT-BLK
				EXT-OTS-KIT-BLK	Over-the-shoulder strap kit, black straps, includes hardware

FAX THIS FORM TO 888-440-1217 OR CALL 800-613-8852

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