

OrthoLux Lite™ Fax/Phone Ordering Guide - HOPE Orthopedic

Please fill out and fax this form to 888-440-1217 or 407-851-8922, or phone your order to 800-613-8852 or 407-850-0411. Use the ordering information on the reverse to prepare your order or, if you prefer, call HOPE Orthopedic at 800-613-8852 and our friendly customer service staff will assist you.

Ordered by _____ Phone _____ Email _____

BILLING INSTRUCTIONS

PO# _____

HOPE Account # _____ or _____

Bill to _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone (____) _____

SHIPPING INSTRUCTIONS

(Do not complete if same as billing address)

Facility Name _____

Address _____

City _____ State _____ Zip _____

Country _____ Phone (____) _____

SHIPPING OPTIONS: (If choice isn't marked, we ship ground)

Next Day Air NDA PM 2 Day 3 Day Ground

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

| Q U A N | STYLE | SIZE | FRONT | | BACK |
|------------------|---|--|--|---|---------------------------------------|
| | LSO, TLSO, LSM | Small, Medium, Large, X-large, XX-large, 3X-large | STD = Standard Profile MID = Mid Profile LOW = Low Profile | NT = Neutral PA = Pendulous | 0, 7, 15, 25, 35 (15° is standard) |
| | LSO <input type="checkbox"/> TLSO <input type="checkbox"/> LSM <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"/> | STD <input type="checkbox"/> MID <input type="checkbox"/> LOW <input type="checkbox"/> | NT <input type="checkbox"/> PA <input type="checkbox"/> | _____ ° |
| | LSO <input type="checkbox"/> TLSO <input type="checkbox"/> LSM <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"/> | STD <input type="checkbox"/> MID <input type="checkbox"/> LOW <input type="checkbox"/> | NT <input type="checkbox"/> PA <input type="checkbox"/> | _____ ° |
| | LSO <input type="checkbox"/> TLSO <input type="checkbox"/> LSM <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"/> | STD <input type="checkbox"/> MID <input type="checkbox"/> LOW <input type="checkbox"/> | NT <input type="checkbox"/> PA <input type="checkbox"/> | _____ ° |
| | LSO <input type="checkbox"/> TLSO <input type="checkbox"/> LSM <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"/> | STD <input type="checkbox"/> MID <input type="checkbox"/> LOW <input type="checkbox"/> | NT <input type="checkbox"/> PA <input type="checkbox"/> | _____ ° |
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| | LSO <input type="checkbox"/> TLSO <input type="checkbox"/> LSM <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"/> | STD <input type="checkbox"/> MID <input type="checkbox"/> LOW <input type="checkbox"/> | NT <input type="checkbox"/> PA <input type="checkbox"/> | _____ ° |

ACCESSORIES

| Q U A N | PART # | DESCRIPTION |
|------------------|------------|---|
| | OP-TLS-EXT | "Mickey" - Over-the-shoulder strap kit, addition to OrthoLux. |

EXTENDER (For more detailed information, see Extender Ordering Guide)

EXT - _____ - _____ - _____ - _____

OFFICE USE ONLY Order Taken By: _____

Date/Time Received: ____ / ____ / ____ ____ am pm

Date Shipped: ____ / ____ / ____ Shipped Via: _____



Order by 7:30 PM EST
For Same Day Shipment

FAX TO: **888-440-1217** OR CALL: **800-613-8852**