

TorsoLux™ Fax/Phone Ordering Form - HOPE Orthopedic

Please fill out this form and fax it to 888-440-1217 or 407-851-8922, or place your order by telephone to 800-613-8852 or 407-850-0411. Use the Ordering Information Form to prepare your order. Or, if you prefer, simply call HOPE Orthopedic 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

T O R S O L U X 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, 4X-large	Neutral Contour SP= Standard Profile MP = Mid Profile	Pendulous PA = Pend Std PM = Pend Mid	05, 15, 25, (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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <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"/> 4X <input type="checkbox"/>	SP <input type="checkbox"/> MP <input type="checkbox"/>	PA <input type="checkbox"/> PM <input type="checkbox"/>	_____ °

ACCESSORIES

Q U A N	PART #	DESCRIPTION
	TP-SS-_____	TorsoLux Side Straps Size SM-4X Large
	OP-TLS-EXT	"Mickey" - Over-the-shoulder strap kit.

Q
U
A
N

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**