

# VertaLux™ Fax/Phone Ordering Guide - 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 on the reverse 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

## VERTALUX ORDERING MATRIX

Q U A N	STYLE		BACK HEIGHT		SIZE								FRONT			BACK		
	P=VLP L=VLL (Lite)	L=LSO T=TLSO M=LSO Mid Prof.			XSmall, Small, Medium, Large, X-large, XX-large, 3X-large, 4X-large								SP= Standard Profile MP = Mid Profile LP= Low Profile			NT = Neutral PA = Pendulous		0, 7, 15, 25 (15° standard)
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <input type="checkbox"/>	NT <input type="checkbox"/>	PA <input type="checkbox"/>	____ °
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <input type="checkbox"/>	NT <input type="checkbox"/>	PA <input type="checkbox"/>	____ °
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <input type="checkbox"/>	NT <input type="checkbox"/>	PA <input type="checkbox"/>	____ °
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <input type="checkbox"/>	NT <input type="checkbox"/>	PA <input type="checkbox"/>	____ °
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <input type="checkbox"/>	NT <input type="checkbox"/>	PA <input type="checkbox"/>	____ °
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <input type="checkbox"/>	NT <input type="checkbox"/>	PA <input type="checkbox"/>	____ °
	P <input type="checkbox"/> L <input type="checkbox"/>	L <input type="checkbox"/> T <input type="checkbox"/> M <input type="checkbox"/>			XS <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"/>	LP <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 accessory
	EXT-OTS-KIT-BLK*	Over-the-shoulder straps, Black - pair (2)
	EXT-OTS-KIT-WHT*	Over-the-shoulder straps, White - pair (2)

Q  
U  
A  
N

## EXTENDER

(For more detailed information, see Extender Ordering Guide)

EXT - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\*Please request PSA-backed Velcro loop ovals when ordering

## 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**