G • R • A • C • E
PROSTHETIC
FABRICATION, INC.
"Dedicated to Excellence"

Thigh Corset Order Form

EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

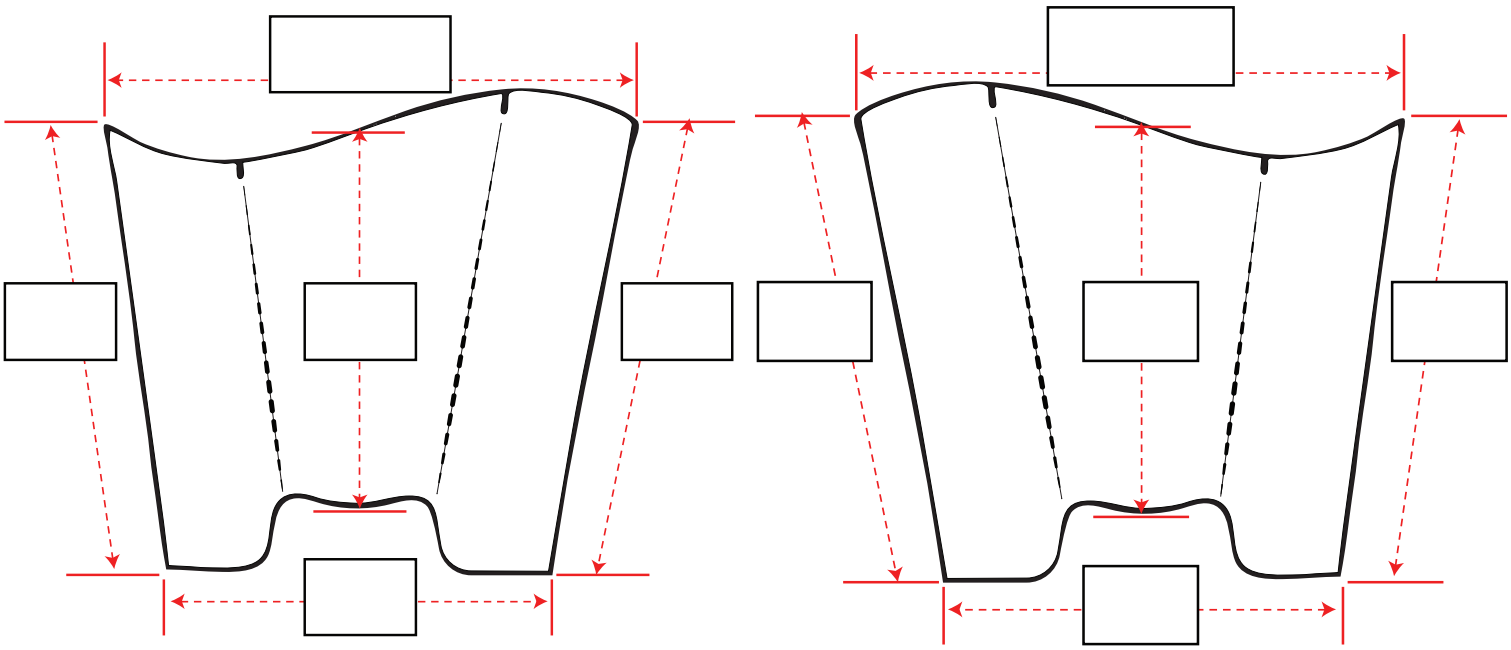
*NAME OF PATIENT:*_____ *CONTACT PHONE:* _____
PO# _____ *TODAY'S DATE:* _____ *REQUESTED BY DATE:* _____
CLINIC NAME: _____ *PRACTITIONER'S NAME:* _____
SHIP TO ADDRESS: _____ *CITY:* _____ *STATE:* ____ *ZIP:* _____
SHIP VIA UPS: GROUND /3DAY/2DAYAM /2ND DAY /NEXT DAY /NDS /NDAM *SHIPPER ID:*_____

PATIENT AGE:____ M / F HEIGHT: ____ WT: _____ COLOR: _____

LEFT / RIGHT / *BI LATTERAL (FOR BI-LATTERAL PLEASE FILL OUT ONE FORM FOR EACH SIDE)

ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS



Additional Note: _____

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