



# 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 \_\_\_\_\_

## H I P P O S I Z E C H A R T S

P E L V I C			T H I G H		A L T E R N A T E L E N G T H B A R S			
	WAIST	HIP		MID THIGH		UPPER BAR	LOWER BAR	LENGTH RANGE*
SM	22-28	26-32	SM	15-19	Short	SHORT	STD	15-19
MD	28-34	32-38	MD	18-22	Regular	STD	STD	16-20
LG	34-40	38-44	LG	21-25	Long	STD	LONG	18-22
XL	40-46	44-50	XL/XX	24-28	X-long	STD	X-LONG	20-24
XX	46-52	50-56	3X	27-31	XX-long	LONG	X-LONG	22-26
3X	52-58	56-62			3X-long	X-LONG	X-LONG	24-28

\*Iliac crest to knee center

## H I P P O O R D E R I N G M A T R I X

Q U A N	C O M P O N E N T				S I Z E						U P P E R B A R L E N G T H				L O W E R B A R L E N G T H			
	Complete brace, pelvic, thigh, joint				Small, Medium, Large, X-large, XX-large						Standard, short, long, x-long				Standard, short, long, x-long			
	BRACE	PEL	THI	JNT	SM	MD	LG	XL	XX	3X	STD	SHT	LNG	XLNG	STD	SHT	LNG	XLNG
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BRACE	PEL	THI	JNT	SM	MD	LG	XL	XX	3X	STD	SHT	LNG	XLNG	STD	SHT	LNG	XLNG
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BRACE	PEL	THI	JNT	SM	MD	LG	XL	XX	3X	STD	SHT	LNG	XLNG	STD	SHT	LNG	XLNG
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BRACE	PEL	THI	JNT	SM	MD	LG	XL	XX	3X	STD	SHT	LNG	XLNG	STD	SHT	LNG	XLNG
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## H I P P O P A R T S & A C C E S S O R I E S

Q U A N	P A R T #	D E S C R I P T I O N	Q U A N	P A R T #	S I Z E	D E S C R I P T I O N
	HIP-JNT-CVR	Hip Joint Protective Cover		HIP-PAD-__		Replacement Padding - Full set
	HIP-254	Standard Joint Bar (6.5")		HIP-PAD-PEL-__		Replacement Padding - Pelvic
	HIP-255	Short Joint Bar (4.5")		HIP-PAD-THI-__		Replacement Padding - Thigh
	HIP-256	Long Joint Bar (8.5")		HIP-PEL-PNL-__		Posterior Pelvic Connector Plate
	HIP-258	X-long Joint Bar (10.5")		HIP-JNT-SHIM		Shim Kit to Outset Hip Joint 1/4"

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