

Ordered by: _____ Phone # (_____) _____

BILLING: P.O. Number _____ Townsend Account # _____

Bill To: _____

Ship To: _____

Address: _____

Address: _____

City: _____

City: _____

State: _____ Zip Code: _____ Country: _____

State: _____ Zip Code: _____ Country: _____

Phone: (_____) _____ Fax: (_____) _____

Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: ☐ Ground ☐ 2-Day P.M. ☐ 2-Day A.M. ☐ Next Day P.M. ☐ Next Day A.M.

(If no preference is indicated, this order will be shipped 2 Day P.M.) Note: We do not ship products directly to patients.

Patient's Last Name: _____ Patient's First Name: _____

For all Shoulder and Elbow supports, please reference the catalog or website for specific sizing and description of each of the products listed on the order form.

Manurhizo Junior

Product Code 263002

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Manuimmo Junior

Product Code 263502

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Ligaflex Classic Open

Product Code 243702

Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	

Ligaflex Pro

Product Code 243302

Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	

Ligaflex Immo

Product Code 708002

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Manu

Product Code 243002

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligiflex Action

Product Code 243602

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 5	Left	
<input type="checkbox"/> 6	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	
<input type="checkbox"/> 5	Right	
<input type="checkbox"/> 6	Right	

Ligaflex Pro+

Product Code 243402

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Rhizo

Product Code 709002

Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	

Dynastab Dual

Product Code 704002

Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	

Replacement of the product or compromised components will be provided for material defects, fabrication errors or unnatural wear to the hinges, straps or sleeve within the first six months

Please complete and fax this form to 800.798.2722 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 800.700.2722 between 6:00 a.m. and 4:00 p.m. (PST).

Thuasne USA

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