

OASIS™ ORDER FORM

ORDER TAKEN BY: _____

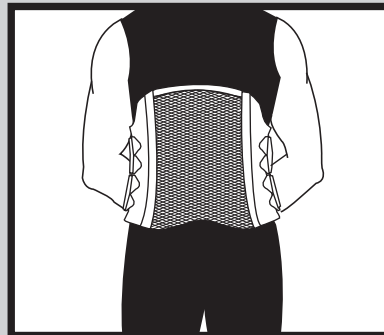
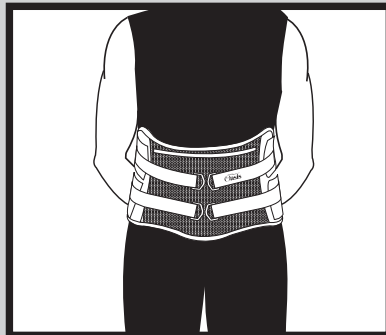
TIME: _____

Facility Name _____ Account # _____ Contact: _____

Due Date: _____ Ship Via: _____ P.O. #: _____

Ship to Address: _____ City: _____

State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____



SIZE	WAIST MEASUREMENT	HIP MEASUREMENT	REHAB MODEL #	LSO LP MODEL #	LSO MODEL #	TLSO MODEL #	TLSO ATE MODEL #	TLSO LP ATE MODEL #	TLSO DLK MODEL #	TLSO LP DLK MODEL #	TLSO 4 PANEL MODEL #	TLSO LP 4 PANEL MODEL #
XS	26" - 32"	31" - 37"	OARBXS	OALPXS	OALSXS	OATLXS	OATLAXS	OATPAXS	OATLDXS	OATPDXS	OATL4XS	OATP4XS
SM	30" - 36"	35" - 41"	OARBSM	OALPSM	OALSSM	OATLSM	OATLASM	OATPASM	OATLDSM	OATPDSM	OATL4SM	OATP4SM
MD	34" - 40"	39" - 45"	OARBMD	OALPMD	OALSMD	OATLMD	OATLAM	OATPAMD	OATLDM	OATPDM	OATL4MD	OATP4MD
LG	38" - 44"	43" - 49"	OARBLG	OALPLG	OALS LG	OATLLG	OATLALG	OATPALG	OATLDLG	OATPDLG	OATL4LG	OATP4LG
XL	42" - 48"	47" - 53"	OARBXL	OALPXL	OALSXL	OATLXL	OATLAXL	OATPAXL	OATLDXL	OATPDXL	OATL4XL	OATP4XL
2X	46" - 52"	51" - 57"	OARB2X	OALP2X	OALS2X	OATL2X	OATLA2X	OATPA2X	OATLD2X	OATPD2X	OATL42X	OATP42X
3X	50" - 56"	55" - 61"	OARB3X	OALP3X	OALS3X	OATL3X	OATLA3X	OATPA3X	OATLD3X	OATPD3X	OATL43X	OATP43X
CHOOSE OASIS MODEL:												

COMPLETE:							ABDOMEN		DEGREE OF LORDOSIS		
SIZE											
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25

FRONT ONLY:							ABDOMEN	
SIZE								
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> NEUTRAL	<input type="checkbox"/> PENDULOUS

BACK ONLY:							DEGREE OF LORDOSIS		
SIZE									
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25
<input type="checkbox"/> XS	<input type="checkbox"/> SM	<input type="checkbox"/> MD	<input type="checkbox"/> LG	<input type="checkbox"/> XL	<input type="checkbox"/> 2X	<input type="checkbox"/> 3X	<input type="checkbox"/> 0	<input type="checkbox"/> 15	<input type="checkbox"/> 25

QUANTITY	MODEL #	DESCRIPTION	QUANTITY	MODEL #	DESCRIPTION
	DLKB	Dorsal Lumbar Kit for SPK/PPK - Black		ATBLADA / ATBLADU	Pneumatic Lumbar Air Bladder <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	DLKTESB	Dorsal Lumbar Kit w/ Thoracic Extension Straps - Black		ATPPKA / ATPPKU	Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	ATLSLP	Oasis Lateral Extension Low Profile		ATSPKA / ATSPKU	Sternal Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	ATLSLT	Oasis Lateral Extension LSO / TLSO		ATPPXA / ATPPXU	X10 Pectoral Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach
	OPTTEKKIT	Hot & Cold Therapy Packs		ATSPXA / ATSPXU	X10 Sternal Pad Kit <input type="checkbox"/> Attach <input type="checkbox"/> Unattach

FAX THIS FORM TO (877) 288-4197
 PHONE: 888-982-8181 • WWW.OPTECUSA.COM

Assembled By: _____
 Inspected By: _____
 Shipped By: _____