

DATE: \_\_\_\_\_

**BILL TO:**  
 Name \_\_\_\_\_  
 Account# \_\_\_\_\_ PO# \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**SHIP TO:**     Same as BILL TO  
 Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**PATIENT:**  
 Name \_\_\_\_\_  
 Age\* \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

\*Age is a significant indicator of proper sizing, particularly for pediatrics. We highly recommend including age to ensure order accuracy.

**NOTES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PRODUCT & SIZING**

**Trunk Support**

Style:    V-100     V-200 (Zippered)

Stock Size \_\_\_\_\_

Color: 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

**Options:** Malleable aluminum stays, thermoplastic panels or pockets for weights may be added to a trunk support. Please provide a detailed sketch showing locations and dimensions.

**Neoprene Shorts**

Stock Size \_\_\_\_\_

Color: 1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

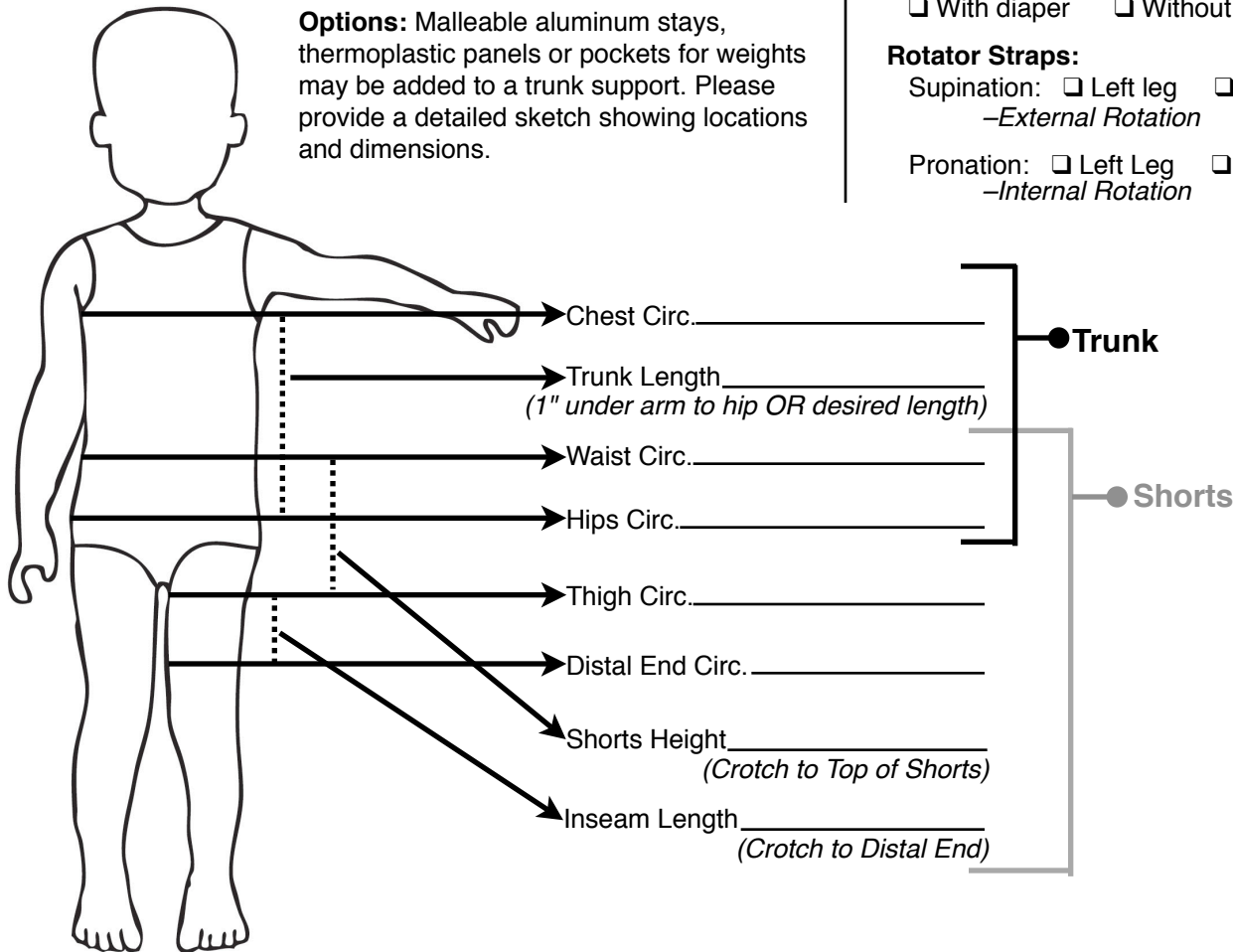
**Shorts will be worn:**

With diaper     Without diaper

**Rotator Straps:**

Supination:    Left leg     Right Leg  
                     -External Rotation

Pronation:     Left Leg     Right Leg  
                     -Internal Rotation



Do not write outside the margins when faxing. Access form online at www.benik.com/trunk-shorts-order-form

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