

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 _____

Pockets, Stays & Panels: Use our options form (www.benik.com/trunk-options) to specify standard and custom components.

G-Tube Kit: Yes
 To accommodate opening for g-tube or other port. V-200 zipper offset to right, unless otherwise specified.

Neoprene Shorts

Style: Pull-On Wrap

Stock Size _____

Color: 1st Choice _____

2nd Choice _____

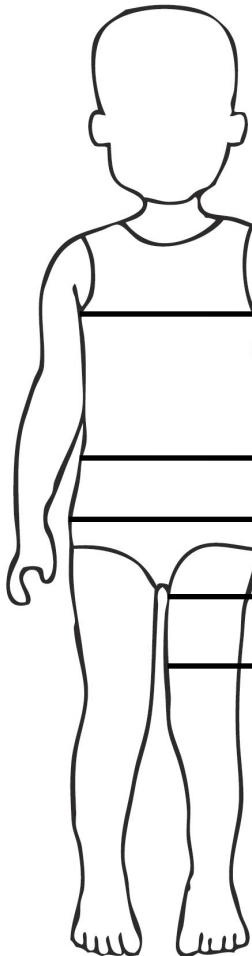
Shorts will be worn:

With diaper Without diaper

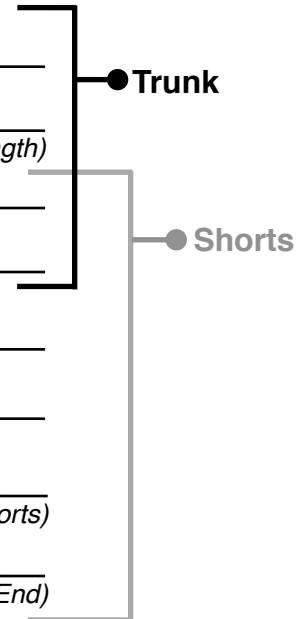
Rotator Straps:

Supination: Left leg Right Leg
 -External Rotation

Pronation: Left Leg Right Leg
 -Internal Rotation



- Chest Circ. _____
- Trunk Length _____
(1" under arm to hip OR desired length)
- Waist Circ. _____
- Hips Circ. _____
- Thigh Circ. _____
- Distal End Circ. _____
- Shorts Height _____
(Crotch to Top of Shorts)
- Inseam Length _____
(Crotch to Distal End)



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

© 2015 Benik Corporation