

FAX TO: 1-360-692-5600 EMAIL TO: info@benik.com

Trunk & Shorts Order Form

OOKIOK	ATTON			DATE:
BILL TO:			PATIENT:	
Name			Name	
	PO#			
Contact Name	!		Age*Heig	ht Weight
E-Mail				or of proper sizing, particularly for pediatrics. uding age to ensure order accuracy.
Phone	Fax			during ago to oncurs order accuracy.
			NOTES -	
City	State	Zip		
SHIP TO:	☐ Same as BILL TO			
Name		·		
Address				
City	State	Zip		

