Thigh Corset Order Form

EMAIL TO: ORDERS@GPFINC.COM OR FAX: 727-842-2264

NAME OF PATIENT: _____ *CONTACT PHONE:* _____

PO #: _____ *TODAY'S DATE:* _____ REQUESTED BY DATE: _____

CLINIC NAME: _____ *PRACTIONER'S NAME:* _____

SHIP TO ADDRESS: _____ *CITY:* _____ *STATE:* _____ *ZIP:*

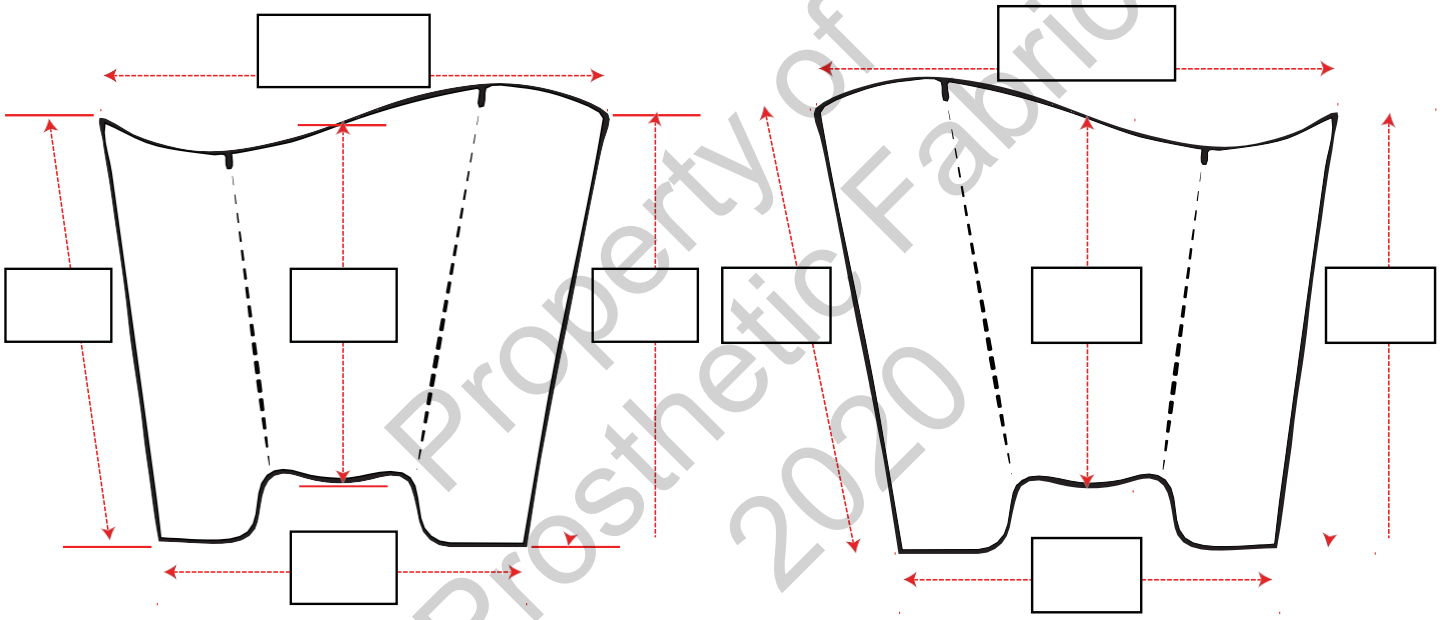
SHIP VIA UPS: GROUND / 3DAY / 2DAYAM / 2ND DAY / NEXT DAY / NDS / NDAM *SHIPPER ID:* _____

PATIENT AGE: _____ M / F HEIGHT: _____ WT: _____

LEFT / RIGHT / *BILATERAL (FOR BILATERAL PLEASE FILL OUT ONE FORM FOR EACH SIDE)

ACTIVITY LEVEL: 1 2 3 4

PLEASE CLEARLY MARK YOUR SELECTIONS



ADDITIONAL NOTES:

7928 Rutillio Court, New Port Richey, FL 34653
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1.800.940.5347
email: accounting@gpfinc.com