

Ordered by: _____
 BILLING: P.O. Number _____
 Bill To: _____
 Address: _____
 City: _____
 Prov.: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Phone # (_____) _____
 Account # _____
 Ship To: _____
 Address: _____
 City: _____
 Prov.: _____ Postal Code: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____

Shipping Preference: Ground Express

Patient's Last Name: _____ Patient's First Name: _____

Manurhizo Junior Product Code 263002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Manuimmo Junior Product Code 263502		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 1	Right	

Ligaflex Classic Open Product Code 243702		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	

Ligaflex Pro Product Code 243302		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	

Ligaflex Immo Product Code 708002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Manu Product Code 243002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligiflex Action Product Code 243602		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 5	Left	
<input type="checkbox"/> 6	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	
<input type="checkbox"/> 5	Right	
<input type="checkbox"/> 6	Right	

Ligaflex Pro+ Product Code 243402		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Ligaflex Rhizo Product Code 709002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	

Dynastab Dual Product Code 704002		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	

Ligaflex Finger		
Size	Hand	Quantity
<input type="checkbox"/> 1	Universal	
<input type="checkbox"/> 2	Universal	
<input type="checkbox"/> 3	Universal	
<input type="checkbox"/> 4	Universal	

Ligaflex Boxer		
Size	Hand	Quantity
<input type="checkbox"/> 1	Left	
<input type="checkbox"/> 2	Left	
<input type="checkbox"/> 3	Left	
<input type="checkbox"/> 4	Left	
<input type="checkbox"/> 1	Right	
<input type="checkbox"/> 2	Right	
<input type="checkbox"/> 3	Right	
<input type="checkbox"/> 4	Right	

Please complete and fax this form to 1.877.527.1911 (24-hours a day). If you are calling in your order, this form indicates the options and information that will be required by our staff. For phone orders, please call 1877.222.3311 between 6:00 a.m. and 4:00 p.m. (EST).

5545 St. Jacques O. Montreal, Qc H4A 2E3
 O: 514.369.3311

Toll Free / Sans Frais : 1.877.222.3311  Fax Toll Free / Telec Sans Frais : 1.877.527.1911
 www.bmiortho.com