

Complete this form and fax to: Gall Bros Medical 07 5593 3341

BILL TO: Date: _____
P.O.# _____
Company _____
Address _____
City _____ State _____ P'code _____
Phone _____ Fax _____
Email _____
Contact _____

PATIENT INFORMATION:
Name _____
Address _____
City _____ State _____ P'code _____
Phone _____ Fax _____
Height _____ Weight _____ Sex _____ Birthdate _____
Prescribed By[required] _____
Phone _____
City _____ State _____ P'code _____

SHIP TO:
Name _____
Address _____
City _____ State _____ P'code _____

Diagnosis Intended Use _____
Measured By Phone _____
If yes, specify _____

BUYER PAYS SHIPPING.

Did the patient specifically request an Allsport OTS or IMC Wrist Brace? Yes No
Does the patient have any allergies (latex, rubber, tape, etc.)? Yes No

ALLSPORT OTS WRIST (OFF-THE-SHELF)

Select Size Available in Carbon Fibre Black only

XSmall: 0-5.1cm Medium: 5.9-6.7cm XLarge: 7.5-8.1cm
 Small: 5.1-5.9cm Large: 6.7-7.5cm

ALLSPORT IMC WRIST (OFF-THE-SHELF)

Select Size Available in Carbon Fibre Black only

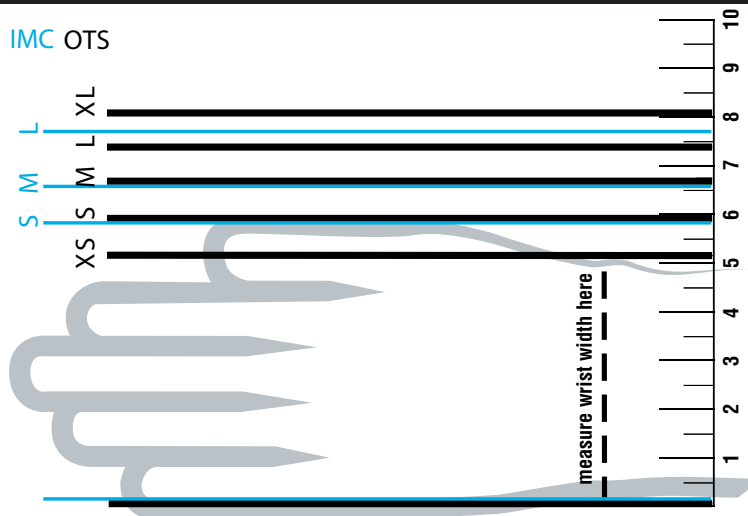
Small: 0-5.9cm Medium: 5.9-6.7cm Large: 6.7-7.6cm

ALLSPORT IMC WRIST SPORT (OFF-THE-SHELF)

Select Size Available in Carbon Fibre Black only

Small: 0-5.9cm Medium: 5.9-6.7cm Large: 6.7-7.6cm

FITTING CHART



OFFICE USE ONLY

Shipping Method: Express Post Fastway Australia Post
PO# _____ Rep# _____ Freight Fee _____ Order Rec'd _____ Shipped _____
Paid _____ Visa/MC/Cheque/Money Order/EFT Order# _____