

PO#: _____ Company: _____ Date: _____

Contact Name: _____ Phone: _____

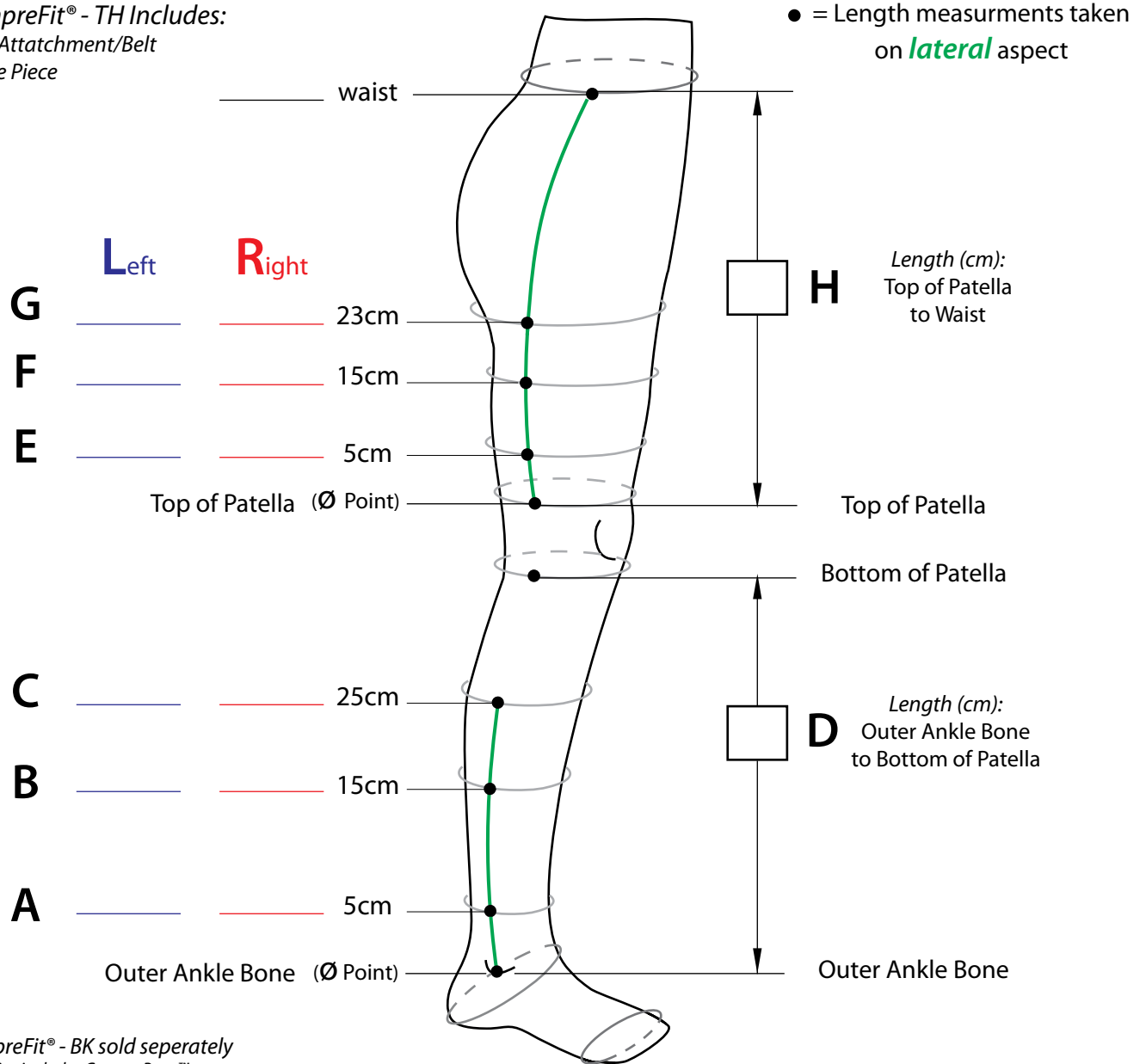
Bill-To Address: _____

Ship-To Address: _____

Patient: _____ Sex: _____ Age: _____ Ht: _____ Wt: _____

CompreFit® - TH Includes:

- Hip Attachment/Belt
- Knee Piece



CompreFit® - BK sold seperately
 - BK price includes CompreBoot™
 - TH compression should not be worn w/o BK compression