

ReadyWrap™ Order Form

**UPPER
EXTREMITY**

Order Information

Order Date: ____ / ____ / ____ Contact Name: _____ Phone: _____
P.O. #: _____ Email: _____ Fax: _____

Billing Information

Bill to: _____ Account #: _____
Attn: _____ Card #: _____
Address: _____ Exp: ____ / ____ CCV: _____
City: _____ State: _____ Postcode: _____

Products

ReadyWrap Arm (sold individually)

Length	Size	Quantity	
		Beige	Black
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Short <input type="checkbox"/> Average <input type="checkbox"/> Tall	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

ReadyWrap Gauntlet (sold individually)

Style	Size	Quantity	
		Beige	Black
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
<input type="checkbox"/> Left <input type="checkbox"/> Right	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		

Submit completed order form to Cosmac Healthcare.
Email: info@cosmac.com.au Phone: 1300 723 092 Fax: 02 9033 7473

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