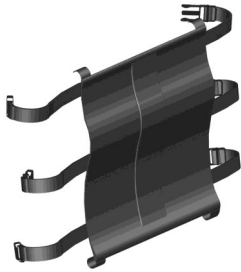


Date :	P.O.#:
Made for (client) Last name:	First name:
Ordered by :	
Establishment :	
Address :	
Phone :	Fax :

CONFIRM ORDER BY E-MAIL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
SUBSCRIBE TO PHYSIPRO NEWSLETTER	Yes <input type="checkbox"/>	No <input type="checkbox"/>
YOUR EMAIL ADDRESS		




PRODUCT #	PRICE	SIZE	WIDTH	HEIGHT	ASSOCIATED CHAIR WIDTH
<input type="checkbox"/> D4060	\$89	# 1	14"	16"	14-16"
<input type="checkbox"/> D4065	\$89	# 2	16"	16"	16-18"
<input type="checkbox"/> D4070	\$89	# 3	18"	16"	18-20"

**THORACIC-SUPPORT CHOICE**

	PRODUCT #	PRICE	SIZE	WIDTH	DEPTH	HEIGHT
	<b>ELEVATED THORACIC SUPPORT</b>					
	<input type="checkbox"/> D3935	\$174	# 1	5"	4 1/2"	9 1/2"
	<input type="checkbox"/> D3945	\$174	# 2	5"	5 1/2"	12"
	<input type="checkbox"/> D3955	\$174	# 3	6"	6 1/2"	14 1/2"
	<input type="checkbox"/> D3965	\$174	# 4	6"	7 1/2"	14 1/2"
	<b>SHAPED THORACIC SUPPORT</b>					
	<input type="checkbox"/> D3975	\$101	# 1	6"	5 1/2"	14 1/2"
	<input type="checkbox"/> D3985	\$101	# 2	6"	6 1/2"	14 1/2"
	<b>ANTI-HAMMOCK THORACIC SUPPORT</b>					
	<input type="checkbox"/> D3995	\$101	# 1	6"	5 1/2"	14 1/2"
	<input type="checkbox"/> D4005	\$101	# 2	6"	6 1/2"	14 1/2"

**BOOSTER CUSHION**

	PRODUCT #	PRICE	SIZE	WIDTH	HEIGHT
	<input type="checkbox"/> D4045	\$99	# 1	12"	16"
	<input type="checkbox"/> D4050	\$99	# 2	14"	18"