PRODUCT ORDER FORM

PHONE: 937-626-5141 FAX: 888-330-8630

PURCHASE ORDER NO. _____

ACCOUNT EXEC. Angelo Audia - HomeCare Provider Services

BILL TO:

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

METHOD OF PAYMENT____ NET 30 (CREDIT APP ON FILE)

☐ AMEX ☐ VISA ☐ MC ☐ DISCOVER

ACCOUNT # _____

EXP. DATE _____ SEC. CODE _____

SIGNATURE _____

SHIP TO:

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____

EMAIL _____

SHIPPING

☐ OVERNIGHT ☐ Early AM ☐ Mid Day ☐ End of Day

☐ 2nd DAY ☐ Early AM ☐ Mid Day

☐ 3 DAY AIR ☐ GROUND

SPECIAL INSTRUCTIONS _____

DDS LUMBAR BRACES (UNITS: INCHES)

*Measurement taken around the navel.

DDS 300 - $199

PDAC L0631/L6048

DDS 500 - $235

DDS DOUBLE LITE - $235

PDAC L0637/L0650

DDS DOUBLE - $275

QTY	SIZE	TORSO MEASUREMENT
____	S	26 - 28"
____	M	29 - 32"
____	L	33 - 35"
____	XL	36 - 38"
____	2XL	39 - 41"
____	3XL	42 - 44"
____	4XL	45 - 48"
____	5XL	49 - 51"
____	6XL	52 - 55"
____	7XL	56 - 59"

DDS 300 TOTAL
_____

QTY	SIZE	TORSO MEASUREMENT	PANEL SIZE
____	S	26 - 28"	S
____	M	29 - 32"	M
____	L	33 - 35"	M
____	XL	36 - 38"	M
____	2XL	39 - 41"	L
____	3XL	42 - 44"	L
____	4XL	45 - 48"	XL
____	5XL	49 - 51"	XL
____	6XL	52 - 55"	2XL
____	7XL	56 - 59"	2XL

DDS 500 TOTAL
_____

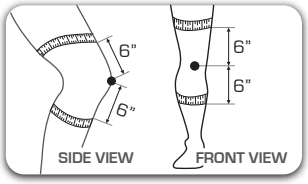
QTY	SIZE	TORSO MEASUREMENT
____	S	26 - 28"
____	M	29 - 32"
____	L	33 - 35"
____	XL	36 - 38"
____	2XL	39 - 41"
____	3XL	42 - 44"
____	4XL	45 - 48"
____	5XL	49 - 51"

DDS DOUBLE LITE TOTAL
_____

QTY	SIZE	TORSO MEASUREMENT	PANEL SIZE
____	S	26 - 28"	S
____	M	29 - 32"	M
____	L	33 - 35"	M
____	XL	36 - 38"	M
____	2XL	39 - 41"	L
____	3XL	42 - 44"	L
____	4XL	45 - 48"	XL
____	5XL	49 - 51"	XL

DDS DOUBLE TOTAL
_____

DDS KNEETRAC KNEE BRACE (UNITS: INCHES)



PDAC L1852

DDS OA KNEETRAC - $295

QTY LEFT	QTY RIGHT	SIZE	THIGH 6" ABOVE KNEE	CENTER OF KNEE	CALF 6" BELOW KNEE
____	____	XS	7 - 15.5"	12 - 13"	10 - 12"
____	____	S	15.5 - 18.5"	13 - 14"	12 - 14"
____	____	M	18.5 - 21"	14 - 15"	14 - 16"
____	____	L	21 - 23.5"	15 - 17"	16 - 18"
____	____	XL	23.5 - 26.5"	17 - 19"	18 - 20"
____	____	2XL	26.5 - 29.5"	19 - 21"	20 - 22"
____	____	3XL	29.5 - 32"	21 - 23"	22 - 24"
____	____	SUB-TOTAL (LEFT & RIGHT)			

DDS OA KNEETRAC TOTAL
_____

DDS CERVICAL TRACTION COLLAR

DDS MAX - $195

*One size fits most

PDAC E0849

Cervitrac™ - $205

QTY	ITEM & SIZE
____	DDS MAX (One Size Fits Most)

DDS MAX TOTAL
_____

QTY	SIZE	CIRCUMFERENCE
____	S	11.5 - 14.5"
____	L	14.6 - 17.5"

DDS CERVITRAC TOTAL
_____

DDS ACCESSORIES

QTY	ITEM	QTY	ITEM
____	DDS Hand Pump - $25	____	DDS 8" Extension Hose - $0
____	DDS Auto Pump - $75	____	DDS Air Valves - $0
____	* DDS 8" Extension Piece - $5	____	DDS AMP Easy Wrap (One Size Fits All) - $20
____	DDS Spare Parts Kit - $0		

* The DDS 300 & DDS 500 models require one Extension and the DDS Double requires two.

DDS ACCESSORIES TOTAL
_____

Please Complete this Order Form and FAX or EMAIL or go Online to www.HomeCareProviderServices.org and use Online Ordering