



L&R INTERNAL USE ONLY

ExoSoft™ Order Form **UPPER EXTREMITY**

1 Order Information

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

2 Billing Information

Account #: _____

Bill to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Card #: _____ Exp: ____ / ____ SID: _____

3 Shipping Information

Same Address as Billing

Ship to: _____
 Attn: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Shipping: Ground 2nd Day Overnight

4 Products

ExoSoft Arm (sold individually)

Length	Size	Options	Qty.	
			Beige	Black
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		
Short Tall	S M L XL	Knit Top Silicone Top		

ExoSoft Glove (sold individually)

Length (to Wrist)	Size	Options	Qty.	
			Beige	Black
DIPs PIPs MCPs	S M L XL	X		
DIPs PIPs MCPs	S M L XL			
DIPs PIPs MCPs	S M L XL			

ExoSoft Gauntlet (sold individually)

Length	Size	Options	Qty.	
			Beige	Black
X	S M L XL	X		
	S M L XL			
	S M L XL			

Submit completed order form by fax to 414-892-4150 or email to customerservice@us.LRmed.com.